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1998 Health Care Survey of DoD Beneficiaries:

Summary Report on Catchment Areas For Europe

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Exhibits

Acronyms

ACH	Army Community Hospital
AFB	Air Force Base
AHC	Army Health Clinic
AMC	Army Medical Center
BRMCL	Branch Medical Clinic
CAHPS	Consumer Assessment of Health Plans Study
CONUS	Continental United States, Alaska, and Hawaii
CTF	Civilian Treatment Facility
DEERS	Defense Enrollment Eligibility Reporting System
DOD	Department of Defense
ER	Emergency Room
HCSDB	Health Care Survey of DoD Beneficiaries
HEAR	Health Enrollment/Evaluation Assessment Review
MHS	Military Health System
MTF	Military Treatment Facility
NACC	Naval Ambulatory Care Center
NH	Naval Hospital
NMC	Naval Medical Center
NMCL	Naval Medical Clinic
NNMC	National Naval Medical Center
OCONUS	Outside Continental United States (except Alaska and Hawaii)
PCM	Primary Care Manager
PIP	Performance Improvement Plan
TRICARE	Tri-Service Health Care
TMA	TRICARE Management Activity

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Executive Summary

The Health Care Survey of DoD Beneficiaries (HCSDB) is a large-scale survey of military health system (MHS) beneficiaries conducted annually by the Office of the Assistant Secretary of Defense/TRICARE Management Activity (TMA). It was congressionally mandated under the National Defense Authorization Act for fiscal year 1993 (P.L. 102-484) to ensure that the satisfaction of MHS beneficiaries with their health plan and health care would be regularly monitored. The survey was first fielded in 1995.

This report presents the 1998 survey findings for the Europe catchment areas. The purpose of the 1998 HCSDB was to address a wide range of issues concerning MHS beneficiaries' satisfaction with their health care. The following are the key research questions behind the survey design:

- How *satisfied* are DoD beneficiaries with their health care and their health plan?
- How does overall satisfaction with military treatment facilities (MTFs) compare with satisfaction with civilian treatment facilities (CTFs)?
- Does *access* to military and civilian facilities meet TRICARE standards?
- Do beneficiaries understand TRICARE?
- Is beneficiaries' use of preventive health care services in line with national goals, such as those outlined in *Healthy People 2000*?
- What is the general physical and mental health status of MHS beneficiaries?
- Has beneficiaries' use of MHS services changed over time?
- What aspects of MHS care contribute most to beneficiary satisfaction with their health care experiences? With which aspects are beneficiaries least satisfied?
- What are the demographic characteristics of MHS beneficiaries?

The sample for the HCSDB was drawn from the Defense Enrollment Eligibility Reporting System (DEERS) database, covering all persons eligible for a MHS benefit on July 29, 1998. In November 1998, 11,613 surveys were mailed to beneficiaries age 65 or over. The first mailing was timed to coincide with the beginning of enrollment in the Medicare Subvention Demonstration. In January 1999, 193,072 surveys were mailed to beneficiaries under age 65. In March 1999, a second wave of surveys was sent to all beneficiaries who had not returned the questionnaire. In total, 70,690 surveys were completed and returned by the due date of June 11, 1999, for an overall response rate of 35 percent.

The total Europe sample included 17,447 adults. Overall, 5,003 Europe MHS beneficiaries returned completed questionnaires by the due date, for a response rate of 28.9 percent.

Summary of Noteworthy Findings

Satisfaction with TRICARE

Personal Doctors, Nurses, and Primary Care Managers (PCMs)

- When asked to rate their personal doctors on a scale from 0 to 10, active duty TRICARE Prime enrollees in Europe gave their PCMs variable marks. Ratings ranged from 6.5 at NH Rota to 8.7 at NH Sigonella, compared to a regional average of 7.4. Non-active duty ratings ranged from 7.0 at Heidelberg ACH to 8.4 at Ramstein AFB.

Military and Civilian Facilities

- Active duty enrollees' ratings of MTF care ranged from 6.3 at Heidelberg ACH to 7.5 at NH Sigonella, compared to the Europe average of 6.6. Non-active duty ratings of MTFs ranged from 6.3 at Wuerzburg ACH to 7.7 at NH Sigonella and Aviano AFB, compared to an average of 6.8.
- In most catchment areas, beneficiaries were more satisfied with MTFs than with CTFs. The proportion of beneficiaries satisfied with MTFs ranged from 58 percent at Heidelberg ACH and Wuerzburg ACH to 86 percent at NH Keflavik. CTF satisfaction ranged from 36 percent at NH Rota to 86 percent at NMCL London.

TRICARE Prime Enrollment Intentions

- In Europe overall, 5 percent of non-active duty Prime enrollees with military PCMs planned to disenroll. The planned disenrollment rate was lowest at NH Naples (0 percent).

Satisfaction with Health Plan

- Ratings of the TRICARE Prime health plan were generally low, substantially lower than MTF or PCM ratings. Ratings were lowest at Incirlik Air Base (5.7) and highest at NH Sigonella (6.8), compared to the Europe and CONUS MHS average of 6.1.

Knowledge and Understanding of TRICARE

- Forty percent of beneficiaries living out of catchment area in Europe reported "no understanding" of TRICARE. At other sites, the proportion with "no understanding" varied little, ranging from 7 percent at Ramstein AFB to 18 percent at Incirlik Air Base and NH Rota.

Access to Health Care

Waiting Times

- Access to well care is generally high for TRICARE Prime enrollees. Ninety-one percent of active duty and non-active duty enrollees reported receiving MTF well-patient appointments within 4 weeks. Except for Wuerzburg ACH (85 percent), at least 90 percent of active duty enrollees in every catchment area were seen at MTFs within 4 weeks.

- Twenty-two percent of active duty TRICARE Prime enrollees in Europe reported "usually or always" waiting 30 minutes or more past the appointed time at a MTF. Long waits for active duty enrollees ranged from 7 percent at Lajes Field to 31 percent at Wuerzburg ACH. Non-active duty rates ranged from 7 percent at NH Rota to 38 percent at Landstuhl AMC and 39 percent at Heidelberg ACH.

Access to Health Care

- TRICARE Prime enrollees in Europe frequently reported having a "big problem" getting referrals to specialists. Twenty-five percent of active duty enrollees reported problems, as did 17 percent of non-active duty enrollees. Active duty problem rates ranged from 18 percent at RAF Lakenheath to 41 percent at Lajes Field.
- Ten percent of active duty and non-active duty TRICARE Prime enrollees reported a "big problem" getting needed care. Non-active duty enrollees at Wuerzburg ACH (16 percent) reported the most "big problems". No non-active duty and 4 percent of active duty enrollees at NH Sigonella reported "big problems".

Health Status and Health Care Use

Physical and Mental Health

- Europe beneficiaries are in similar physical and better mental health compared with the general U.S. population. Approximately half of Europe beneficiaries scored below the 50th percentile of the U.S. population in physical health (50 percent). Less than half scored low in mental health (38 percent). The low physical health score rate ranged from 37 percent at RAF Upwood and NH Sigonella to 54 percent at Heidelberg ACH and Wuerzburg ACH.

Emergency Room Use

- Thirty percent of non-active duty TRICARE Prime enrollees in Europe reported at least one visit to a MTF emergency room, substantially more than did their peers in CONUS MHS (21 percent). More than one in three non-active duty enrollees at NH Sigonella (52 percent), RAF Lakenheath (39 percent), NH Rota (38 percent), NH Naples (37 percent), Ramstein AFB (36 percent) and Incirlik Air Base (34 percent) reported MTF emergency room visits.

Use of Military Pharmacies

- In Europe, the proportion of beneficiaries who filled 7 or more civilian prescriptions at military pharmacies did not vary significantly by beneficiary group. Rates for all beneficiary groups in Europe were substantially less than those of their peers in CONUS MHS.

Use of Preventive Services

- Ninety-one percent of pregnant women received first trimester prenatal care.
- Ninety-one percent of women over 50 received breast cancer screening.
- In all catchment areas where rates could be reliably estimated, Pap smear rates for active duty and non-active duty women with military PCMs enrolled in Prime exceeded the Healthy People 2000 goal of 85 percent. One hundred percent of active duty and non-active duty enrollees with military PCMs at NH Sigonella were screened. At 6 sites, 100 percent of active duty women had Pap smears.
- The proportion of non-active duty enrollees with military PCMs who had a blood pressure reading in the past two years and knew whether their blood pressure was high ranged from 72 percent at NH Rota to 100 percent at NH Sigonella. Among active duty enrollees with military PCMs, the rate was highest at Lajes Field (96 percent).
- The sample of Europe beneficiaries age 65 or over was too small to estimate a reliable flu shot rate.
- Fifty-eight percent of active duty men in Europe age 50 or over were screened for prostate disease in the past year.

Performance Improvement Plan

The Performance Improvement Plan (PIP) analysis highlights the features of MHS health care that, if improved, can lead to greater beneficiary satisfaction. This year's HCSDB revealed that the following aspects of care were critical to overall beneficiary satisfaction in Europe but nevertheless received relatively low satisfaction ratings:

- Access to health care
- Length of time waiting at office
- Ability to diagnose health care problems

Chapter
1

Introduction

Overview of the Health Care Survey of DoD Beneficiaries (HCSDB)

The HCSDB is a large-scale survey of military health system (MHS) beneficiaries conducted annually by the Office of the Assistant Secretary of Defense/TRICARE Management Activity (TMA). It was congressionally mandated under the National Defense Authorization Act for fiscal year 1993 (P.L. 102-484) to ensure that the satisfaction of MHS beneficiaries with their health plan and health care would be regularly monitored. The survey was first fielded in 1995.

Research Objective

The purpose of the 1998 HCSDB was to address a wide range of issues concerning MHS beneficiaries' satisfaction with their health care. This report presents findings from the survey. The exhibits address the following key research questions.

- How *satisfied* are MHS beneficiaries with their health care and their health plan?
- How does overall satisfaction with military treatment facilities (MTFs) compare with satisfaction with civilian treatment facilities (CTFs)?
- Does *access* to military and civilian facilities meet TRICARE standards?
- Do beneficiaries understand TRICARE?
- Is beneficiaries' use of preventive health care services in line with national goals, such as those outlined in *Healthy People 2000*?
- What is the general physical and mental health status of MHS beneficiaries?
- What aspects of MHS care contribute most to beneficiary satisfaction with their health care experiences? With which aspects are beneficiaries least satisfied?

The HCSDB in Context with Other MHS Surveys

DoD conducts a number of consumer surveys related to the health and health care of MHS beneficiaries. However, only the HCSDB represents *all* MHS beneficiaries in the continental U.S., Alaska, and Hawaii (CONUS), and in Europe, Latin America, and Asia (OCONUS). It is also the only survey that reflects health care experiences at *both* MTFs and CTFs over a full 12-month period. Furthermore, no other DoD health-related survey collects information on the opinions and experiences of the overall MHS population, including active duty personnel and their families, retirees and their dependents, TRICARE Prime enrollees, Medicare beneficiaries, and MHS beneficiaries who chiefly rely on civilian providers and facilities despite having TRICARE benefits.

Other relevant DoD surveys include:

- **Health Enrollment/Evaluation Assessment Review (HEAR)**. HEAR is a clinically oriented questionnaire completed by beneficiaries as they enroll in TRICARE Prime. The collection of health assessment data identifies individuals who have high risk factors for diseases, chronic conditions, and assesses the need for preventive or other medical services.
- **MTF Customer Satisfaction Survey**. This survey is mailed monthly to patients who were seen in the previous month at a MTF or freestanding clinic in the United States and Europe. The survey measures satisfaction with services received during a specific outpatient visit. Monthly reporting allows MTFs to be directly compared over time, with each other, and with civilian benchmarks.
- **Survey of Health-Related Behaviors among Military Personnel**. Conducted approximately every three years, this survey collects worldwide data only from active duty personnel on drug and alcohol use, fitness and cardiovascular disease risks, mental health, risk of injury, and other health-related behaviors.

Available Reports Based on the 1998 HCSDB

This report presents the HCSDB results for individual catchment areas in Europe. This catchment area report is one of four types of reports published from the 1998 HCSDB. The following four types of reports are based on the 1998 HCSDB. The reports can be obtained via the TRICARE website at http://www.TRICARE.OSD.mil.

- **Key Findings for Regions:** The 15 regional reports summarize selected 1998 HCSDB findings. There is a report for each region in CONUS and one for each overseas region. Regions 7 and 8 have a combined report. The regional reports are identical in design. Each contains 24 bar graphs, or exhibits, that show the survey findings for a given region. Findings are reported for active and non-active duty MHS beneficiaries who were enrolled in TRICARE Prime and MHS beneficiaries not participating in a TRICARE Prime heath plan. Findings are also reported by age group (under age 65 or age 65 and over), type of primary care manager (PCM), and type of facility (military vs. civilian). Some exhibits also show comparisons of regional findings to overall CONUS MHS findings and to other regional findings. Lead Agents are encouraged to share this report with their staff members, MTF commanders, and other relevant officers with management responsibilities.

- **National Executive Summary Report:** This year's National Executive Summary Report of the HCSDB findings is the first of its kind. It mirrors the regional reports in design but covers the survey findings for all MHS beneficiaries residing within CONUS.
- **Summary Reports on Catchment Areas:** There are 15 catchment area reports. There is one for each region. The catchment reports are intended to give MTF commanders information specific to their particular catchment area. Similar to the regional reports, the catchment reports focus principally on active and non-active duty MHS beneficiaries enrolled in TRICARE Prime and MHS beneficiaries not participating in a TRICARE Prime heath plan. Catchment findings are also presented by age group (under age 65 or age 65 and over), type of PCM, and type of facility (military vs. civilian).
- **Medicare Subvention Demonstration Report:** The Medicare Subvention Demonstration has been sponsored by TRICARE and the Health Care Financing Administration to test a new system for financing health care for military retirees and their dependents age 65 and over. Elderly beneficiaries in seven demonstration areas are eligible to participate in a TRICARE Senior Prime plan. This year's Medicare Subvention Demonstration Report presents baseline findings for MTFs participating in the demonstration. Exhibits in the report display beneficiaries' demographic characteristics, health status, health care utilization, health plan enrollment, knowledge of TRICARE, and satisfaction with military and civilian health care. Findings are presented for beneficiaries age 65 or over and under age 65 in each demonstration area and for beneficiaries age 65 or over in MHS areas that are not participating in the demonstration.

Methodology

Sample Selection, Fielding of the Survey, and Response Rates

The sample for the HCSDB was drawn from the Defense Enrollment Eligibility Reporting System (DEERS) database, which covered all persons eligible for a MHS benefit on July 29, 1998, including personnel activated for more than 30 days in the Army, Air Force, Navy, Marine Corps, Coast Guard, Commissioned Corps of the Public Health Service, National Oceanic and Atmospheric Administration, and National Guard or Reserve as well as other special categories of people who qualify for health benefits. DEERS covers active duty personnel and their families as well as retirees and their families.

In November 1998, 11,613 surveys were mailed to beneficiaries age 65 or over. In January 1999, 193,072 surveys were mailed to beneficiaries under age 65. The first mailing was timed to coincide with the beginning of enrollment in the Medicare Subvention Demonstration. In March 1999, a second wave of surveys was sent to all beneficiaries who had not returned the questionnaire. In total, 70,690 surveys were completed and returned by the due date of June 11, 1999, for an overall response rate of 35 percent.

The total Europe sample included 17,447 adults. Overall, 5,003 MHS beneficiaries returned completed questionnaires by the due date, for a response rate of 28.9 percent.

Questionnaire Topics

The HCSDB questionnaire was revised in 1998. A copy of the questionnaire, located in the back pocket of this binder, is also available at the TRICARE web site, http://www.TRICARE.OSD.mil. In 1998, some questions from earlier surveys were dropped, other questions were revised, and, for the first time, the survey included or adapted questions from the federally developed Consumer Assessment of Health Plans Study (CAHPS). CAHPS contains core and supplemental survey questions that are widely used by commercial health plans, the Health Care Financing Administration, state Medicaid programs, and other organizations to assess consumer satisfaction with their health coverage. CAHPS questions will ultimately allow us to compare the satisfaction of MHS beneficiaries with other insured populations.

The 1998 HCSDB covered a wide range of topics in the following nine sections:

- **Use of Health Care**. Focuses on the use of MTFs and CTFs in the past 12 months, including number of nights in an inpatient facility, outpatient visits, emergency room visits, and use of military pharmacies to fill prescriptions written by civilian providers.
- **Preventive Health Care**. Concerns beneficiaries' receipt of preventive services including prenatal care; flu shots; and screening for breast cancer, cervical cancer, hypertension, and prostate disease.
- **Understanding TRICARE.** Explores beneficiaries' understanding of TRICARE overall and of specific features of TRICARE Prime, Senior Prime, and Extra/Standard.
- **Health Plan**. Concerns enrollment in TRICARE Prime, Senior Prime, and Extra/Standard, coverage by supplemental insurance, attitudes toward Prime and Senior Prime, and out-of-pocket-costs.
- **Satisfaction with Health Plan**. Explores beneficiaries' experiences with the health plan they use the most; covers experiences with their personal doctor or nurse (including a PCM), specialty care, customer service, claims processing, and resolution of complaints or problems.
- **Access to Health Care**. Focuses on waiting times for well-patient, minor illness, and specialty care; access to emergency care, experiences calling for appointments and with long waits in office or clinic waiting rooms.
- **Satisfaction with Health Care**. Explores a wide range of indicators of beneficiaries' satisfaction with the health care they received in the past 12 months at the facility they used most often. Topics include getting help or advice via the telephone, getting care when needed, attitudes of doctor's office and clinic staff, and quality of care.
- **Your Health**. Uses the SF-12, a well-regarded multipurpose series of 12 questions that provides a generic measure of health status.
- **Facts about You**. Covers basic demographic information for beneficiaries, including income, marital status, age, education, and race/ethnicity.

Statistical Issues

Accuracy of the Survey Estimates

The results of any survey are not strictly precise. The statistics presented in this report are *estimates* of the true answers to the research questions, both because the survey is based on a sample, rather than on a census, of the entire DEERS population, and because some of the surveyed beneficiaries chose not to respond. In accordance with standard statistical practice, the survey estimates have been weighted to ensure that the survey findings represent all MHS beneficiaries. The survey design also allows us to evaluate the precision of the estimates.

The sample size of some small groups of MHS beneficiaries, such as pregnant women in a particular catchment area, may make it impossible to develop a reliable estimate of the group's survey response. In this report, any cell meeting one of the following conditions is defined as a small cell: (1) the overall population count for the cell is under 200, (2) the number of completed questionnaires in the cell is less than 20, or (3) the cell contains an estimated proportion greater than 10 percent, but the standard error is more than 30 percent of the estimate. For these cases, estimates are not provided, but are replaced by two asterisks (**).

Case-Mix Adjustment

Some regional estimates in the regional and national HCSDB reports were adjusted to control for differences in the age and health status of the regions' beneficiary populations. This adjustment allows for "fairer" comparisons between regions. For instance, health status and age are often associated with patient reports about the quality of their health care. Compared with survey respondents in good health, survey respondents in poor health typically say they are less satisfied with the health care they receive. Older persons often report greater satisfaction with their health care than younger persons do. Thus, without adjustments for age and health status, regional differences in the survey estimates may actually reflect significant differences in the makeup of the population, such as a high proportion of retirees, rather than real variation in satisfaction with health care. There are no case mix adjustments in the catchment area report.

Guide to Understanding the Survey Findings

Outcome and Explanatory Variables

The research questions that underlie the HCSDB, outlined on page 1 of this report, are key to understanding the survey findings presented in this report. These questions imply two types of basic, analytic variables: dependent, or *outcome,* variables and independent, or *explanatory* variables. Outcome variables are beneficiaries' responses to the various survey questions on satisfaction, health care access, knowledge of TRICARE, use of health care, preventive services, etc. Explanatory variables, such as enrollment in Prime or type of facility, may help to explain some of the variation in responses given by different groups of beneficiaries.

For example, Exhibit 2.1 shows how different groups of MHS beneficiaries in Europe catchment areas rate their personal doctors. The exhibit addresses the question, "How do beneficiaries' ratings of their personal doctors and primary care managers (PCMs) (the outcome variables) differ by beneficiary category and type of PCM (the explanatory variables)?" In other words, is enrollment in TRICARE Prime or type of PCM related in some way to beneficiaries' level of satisfaction?

It is important to recognize that while some survey findings may *suggest* important differences in outcomes for different groups of MHS beneficiaries, one cannot conclude that these differences would persist after controlling for possible confounding variables not accounted for in the analysis, such as age, health status, sex, race and ethnicity, and others. More sophisticated statistical

techniques, such as multivariate analysis, can yield more definitive conclusions about the possible impact of any one "explanatory" variable on a particular outcome.

Exhibits

Most of the exhibits in this report, except for the performance improvement plans in chapter 7, are presented as tables. Some are presented as bar graphs. In the bar graphs, the outcome variables are represented by the vertical, or Y, axis. The explanatory variables are represented by the horizontal, or X, axis. For instance, in 2.3, the height of a bar represents the percentage of beneficiaries who agree or strongly agree with the statement, "I am satisfied with the health care that I received at military (or civilian) facilities." The X-axis displays the different catchment areas in the region.

Differences in estimates are not described unless the findings are significantly different ($p<0.05$).

Performance Standards

In Chapter 6, Use of Preventive Services, the findings for MHS beneficiaries are compared with the federal government's *Healthy People 2000* goals for improving the nation's health (see *Healthy People 2000 Review 1997*, DHHS Publication No. PHS 98-1256). Since national goals for prostate disease screening have not been established, Exhibit 6.6 refers to the relevant American Cancer Society recommendation.

Chapter 2

Satisfaction with TRICARE

This chapter focuses on two critical indicators of MHS beneficiary satisfaction with TRICARE health care: satisfaction with one's personal doctor or nurse, including PCMs, and satisfaction with health care facilities (military or civilian). Information on these indicators is derived from the answers to two sets of HCSDB survey questions:

- The first set of questions is new to the HCSDB. The questions in this set ask respondents to rate their personal doctor, nurse, PCM, or the facility they used the most "from 0 to 10 where 0 is the worst and 10 is the best". Results are reported in Exhibits 2.1 and 2.2.
- The second set of questions has been used in HCSDB surveys for several years. Questions in this set ask respondents how much they agree or disagree with the statement, "I am satisfied with the health care that I received at military (or civilian) facilities." Results are reported in Exhibit 2.3.

Key Findings

Personal Doctors, Nurses, and PCMs

- When asked to rate their personal doctors on a scale from 0 to 10, active duty TRICARE Prime enrollees in Europe gave their PCMs variable marks. Ratings ranged from 6.5 at NH Rota to 8.7 at NH Sigonella, compared to a regional average of 7.4. Non-active duty ratings ranged from 7.0 at Heidelberg ACH to 8.4 at Ramstein AFB.

Military and Civilian Facilities

- Active duty enrollees' ratings of MTF care ranged from 6.3 at Heidelberg ACH to 7.5 at NH Sigonella, compared to the Europe average of 6.6. Non-active duty ratings of MTFs ranged from 6.3 at Wuerzburg ACH to 7.7 at NH Sigonella and Aviano AFB, compared to an average of 6.8.
- In most catchment areas, beneficiaries were more satisfied with MTFs than with CTFs. The proportion of beneficiaries satisfied with MTFs ranged from 58 percent at Heidelberg ACH and Wuerzburg ACH to 86 percent at NH Keflavik. CTF satisfaction ranged from 36 percent at NH Rota to 86 percent at NMCL London.

2.1 Average Ratings of Personal Doctor or Nurse, by Enrollment Status

Q.52: How do you rate your personal doctor or nurse now? (Using a scale from 0 to 10 where 0 is the worst and 10 is the best).

Catchment Area (DMIS Code)	Population	Average Rating				
		Enrolled in Prime under age 65			Not enrolled in Prime	
		Active Duty Military PCM	Non-Active Duty Military PCM	Non-Active Duty Civilian PCM	Under age 65	Age 65 or over
Heidelberg ACH (0606)	12,485	7.0	7.0	**	**	**
Landstuhl AMC (0607)	5,975	7.9	7.6	**	**	**
Wuerzburg ACH (0609)	8,265	6.6	7.6	**	**	**
NH Naples (0617)	1,969	8.2	8.1	**	**	**
NH Rota (0618)	1,616	6.5	**	**	**	**
NH Keflavik (0623)	1,270	7.4	**	**	**	**
NH Sigonella (0624)	1,213	8.7	**	**	**	**
Lajes Field (0629)	422	7.6	**	**	**	**
RAF Lakenheath (0633)	4,778	7.6	8.0	**	8.4	**
Incirlik Air Base (0635)	978	8.0	**	**	**	**
Spangdahlem Air Base (0805)	2,682	7.7	7.8	**	**	**
Ramstein AFB (0806)	3,785	7.6	8.4	**	**	**
Aviano AFB (0808)	1,056	**	**	**	**	**
RAF Upwood (0814)	433	**	**	**	**	**
NMCL London (8931)	249	**	**	**	**	**
Out/Area-Europe (9913)	2,500	**	**	**	8.3	**
Europe	**49,677**	**7.4**	**7.6**	**	**8.4**	**
CONUS MHS	**3,437,063**	**7.7**	**8.1**	**7.7**	**8.3**	**8.7**

Population:

Beneficiaries with a personal doctor or nurse (including a PCM)

What the exhibit shows:

- How beneficiaries rate their personal doctor or nurse
- How TRICARE Prime enrollees rate their PCM
- If some groups of beneficiaries in Europe catchment areas are more satisfied with their PCM, personal doctor, or nurse than others
- How findings vary across catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

Findings:

When asked to rate their personal doctor or nurse on a scale from 0 to 10, Europe beneficiaries' average ratings ranged from 7.4 by active duty TRICARE Prime enrollees with military PCMs, to 8.4 by non-Prime beneficiaries under age 65. Non-active duty enrollees rated their military PCMs 7.6.

Ratings varied substantially by catchment area. For example, while active duty enrollees at NH Sigonella rated their PCMs 8.7, at NH Rota the rating was 6.5. Non-active duty ratings of military PCMs ranged from 7.0 at Heidelberg ACH to 8.4 at Ramstein AFB.

2.2 Average Ratings of Military and Civilian Treatment Facilities, by Enrollment Status

Q.96: How do you rate all your health care from the facility you used most in the last 12 months? (Using a scale from 0 to 10 where 0 is the worst and 10 is the best).

Catchment Area (DMIS Code)	Population	Average Rating							
		Enrolled in Prime under age 65				Not enrolled in Prime			
		Active Duty		Non-Active Duty		Under age 65		Age 65 or over	
		MTF	CTF	MTF	CTF	MTF	CTF	MTF	CTF
Heidelberg ACH (0606)	27,087	6.3	**	6.4	6.4	**	**	**	**
Landstuhl AMC (0607)	24,177	6.7	**	6.4	6.6	**	**	**	**
Wuerzburg ACH (0609)	28,655	6.4	5.9	6.3	8.1	**	**	**	**
NH Naples (0617)	5,551	6.6	**	6.8	**	**	**	**	**
NH Rota (0618)	4,427	6.7	**	7.5	**	9.0	**	**	**
NH Keflavik (0623)	2,118	6.8	**	**	**	**	**	**	**
NH Sigonella (0624)	3,535	7.5	**	7.7	**	**	**	**	**
Lajes Field (0629)	1,401	7.2	**	**	**	**	**	**	**
RAF Lakenheath (0633)	15,863	6.8	**	7.0	**	8.2	**	**	**
Incirlik Air Base (0635)	3,435	7.3	**	7.0	**	**	**	**	**
Spangdahlem Air Base (0805)	8,655	6.9	**	7.3	7.5	**	**	**	**
Ramstein AFB (0806)	13,564	6.9	**	7.2	**	**	**	**	**
Aviano AFB (0808)	5,342	7.1	**	7.7	**	**	**	**	**
RAF Upwood (0814)	1,303	7.2	**	**	**	**	**	**	**
NMCL London (8931)	1,285	7.4	**	**	**	**	**	**	**
Out/Area-Europe (9913)	7,938	6.2	**	**	**	6.9	7.6	**	**
Europe	**154,335**	**6.6**	**6.5**	**6.8**	**7.5**	**7.8**	**7.6**	**	**
CONUS MHS	**5,080,897**	**6.5**	**6.9**	**7.3**	**7.6**	**7.2**	**8.2**	**8.7**	**8.6**

Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

What the exhibit shows:

- How beneficiaries rate MTFs and CTFs
- If beneficiaries are more or less satisfied with MTFs compared with CTFs
- If some groups of beneficiaries in Europe catchment areas are more satisfied with MTFs or CTFs compared with others in the region
- How findings vary across catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

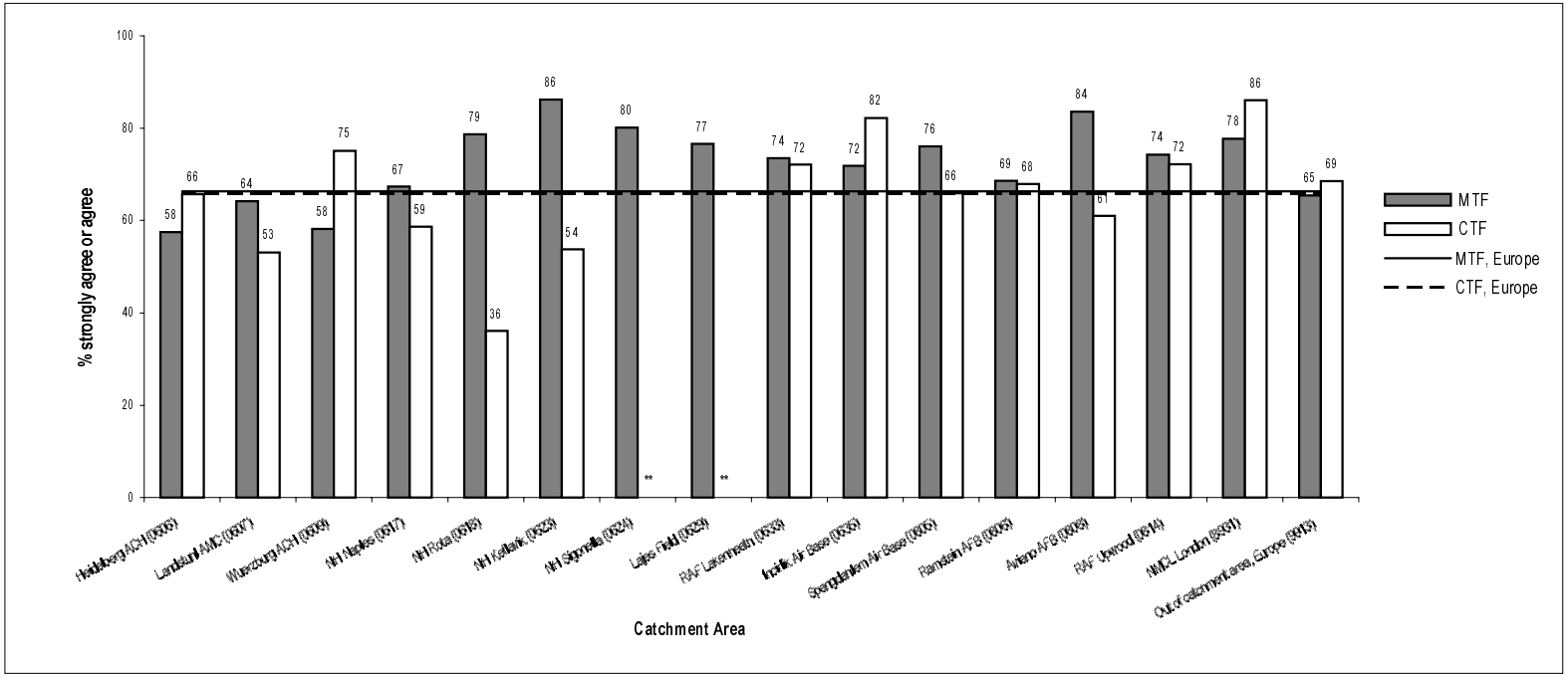
Findings:

When asked to rate the facility they used the most on a scale from 0 to 10, MTF ratings ranged from 6.6 by active duty enrollees to 7.8 by non-Prime beneficiaries under age 65. Non-active duty enrollees rated MTFs 6.8. CTF ratings ranged from 6.5 by active duty enrollees to 7.6 by non-Prime beneficiaries under age 65.

MTF ratings varied widely by catchment area. Active duty enrollees gave low ratings to MTFs at Heidelberg ACH (6.3) and Wuerzburg ACH (6.4), and high ratings to MTFs at NH Sigonella (7.5) and NMCL London (7.4). Non-active duty enrollees rated Wuerzburg ACH (6.3), Heidelberg ACH (6.4) and Landstuhl AMC (6.4) low, and rated NH Sigonella and Aviano AFB (7.7) high.

2.3 Satisfaction with Military and Civilian Care

Q.99a: How much do you agree or disagree with the statement: "I am satisfied with the health care that I received at military facilities"?
Q.103a: How much do you agree or disagree with the statement: "I am satisfied with the health care that I received at civilian facilities"?



Population:
Beneficiaries who received care at a MTF or CTF in the past 12 months

Sample size:
5,722

Vertical axis:
Percent who "agree or strongly agree" that they are satisfied with the health care they received at MTFs or CTFs

Horizontal axis:
All catchment areas

Double Asterisks (**):
Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

- How satisfaction with MTFs and CTFs varies across catchment areas
- Whether beneficiaries are more satisfied with MTFs or CTFs

Findings:

The proportion of beneficiaries who were satisfied with care at MTFs ranged from 58 percent at Heidelberg ACH and Wuerzburg ACH to 86 percent at NH Keflavik. Satisfaction with CTFs ranged from 36 percent at NH Rota to 86 percent at NMCL London.

Beneficiaries reported greater satisfaction with MTFs than with CTFs in most catchment areas. The amount by which MTF satisfaction exceeded CTF satisfaction was greatest at NH Rota (43 percentage points). CTFs were most preferred at Wuerzburg ACH (17 percentage points).

Chapter
3

Knowledge of and Satisfaction with Health Plan

This chapter explores MHS beneficiary satisfaction with the health plan they "used the most" in the past 12 months, including TRICARE Prime.

- Exhibit 3.1 shows how non-active duty beneficiaries, currently enrolled in TRICARE Prime responded to the question: "How likely are you to disenroll from TRICARE Prime for a different type of insurance coverage in the next 12 months?" It also shows how non-active duty beneficiaries, *not* currently enrolled in TRICARE Prime responded to the question asking: "How likely are you to enroll in TRICARE Prime in the next 12 months?"
- Exhibit 3.2 shows how enrollees rated TRICARE Prime using a scale "from 0 to 10 where 0 is the worst and 10 is the best."
- Exhibit 3.3 shows how well beneficiaries felt they understood TRICARE in 1997 and 1998.

Key Findings

TRICARE Prime Enrollment Intentions

- In Europe overall, 5 percent of non-active duty Prime enrollees with military PCMs planned to disenroll. The planned disenrollment rate was lowest at NH Naples (0 percent).

Satisfaction with Health Plan

- Ratings of the TRICARE Prime health plan were generally low, substantially lower than MTF or PCM ratings. Ratings were lowest at Incirlik Air Base (5.7) and highest at NH Sigonella (6.8), compared to the Europe and CONUS MHS average of 6.1.

Knowledge and Understanding of TRICARE

- Forty percent of beneficiaries living out of catchment area in Europe reported "no understanding" of TRICARE. At other sites, the proportion with "no understanding" varied little, ranging from 7 percent at Ramstein AFB to 18 percent at Incirlik Air Base and NH Rota.

3.1 Intention to Enroll in or Disenroll from TRICARE Prime, Non-Active Duty Beneficiaries

Q.37: If you are currently enrolled in TRICARE Prime, how likely are you to disenroll from TRICARE Prime for a different type of insurance coverage in the next 12 months?

Q.39: If you are not currently enrolled in TRICARE Prime, how likely are you to enroll in TRICARE Prime in the next 12 months?

Catchment Area (DMIS Code)	Population	Enrolled in Prime under age 65		Not Enrolled in Prime under age 65
		(Percent Intending to Disenroll)		(Percent Intending to Enroll)
		Military PCM	Civilian PCM	
Heidelberg ACH (0606)	8,932	**	**	**
Landstuhl AMC (0607)	7,691	3.2	**	**
Wuerzburg ACH (0609)	9,348	2.8	**	**
NH Naples (0617)	1,715	0.0	**	**
NH Rota (0618)	1,377	9.8	**	**
NH Keflavik (0623)	488	**	**	**
NH Sigonella (0624)	855	**	**	**
Lajes Field (0629)	404	**	**	**
RAF Lakenheath (0633)	5,783	4.5	**	4.3
Incirlik Air Base (0635)	1,099	**	**	**
Spangdahlem Air Base (0805)	2,643	7.0	**	**
Ramstein AFB (0806)	4,200	5.2	**	**
Aviano AFB (0808)	1,546	2.9	**	**
RAF Upwood (0814)	610	**	**	**
NMCL London (8931)	288	**	**	**
Out/Area-Europe (9913)	3,583	**	**	8.5
Europe	**50,561**	**5.4**	**	**8.3**
CONUS MHS	**2,539,984**	**7.2**	**9.4**	**9.0**

Population:

Non-active duty beneficiaries under age 65

What the exhibit shows:

- Whether TRICARE Prime enrollees, with the option to *disenroll* from TRICARE Prime, plan to disenroll
- How likelihood to *disenroll* from TRICARE Prime varies by type of PCM
- Whether beneficiaries in any catchment areas are more likely to enroll in TRICARE Prime than their counterparts in other catchment areas
- How findings vary across catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

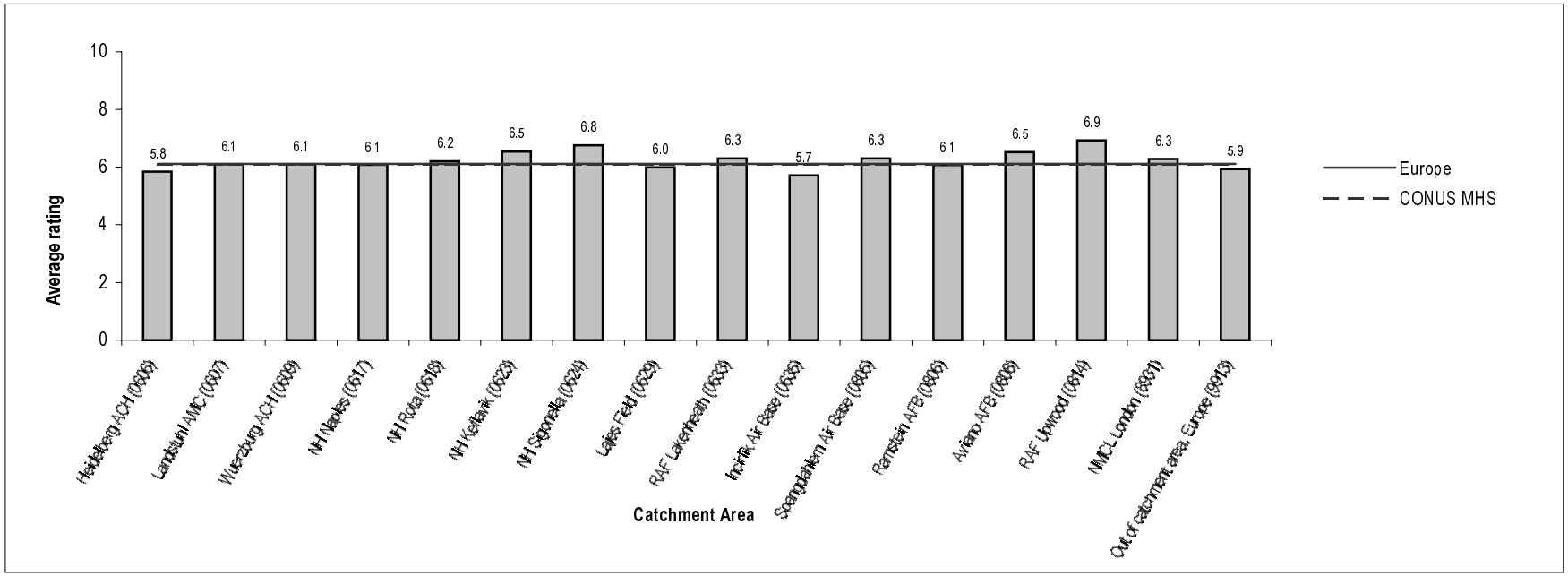
Findings:

Five percent of active duty enrollees with military PCMs said they plan to disenroll from TRICARE Prime in the next 12 months. Eight percent of non-Prime beneficiaries planned to enroll in Prime.

Enrollees with military PCMs at NH Naples (0 percent) were the least likely to disenroll from Prime.

3.2 Enrollees' Ratings of TRICARE Prime

Q.50: Which health care plan did you use most in the last 12 months?
Q.73: We want to know your rating of all your experience with your health plan. How do you rate your health plan now? (Use a scale from 0 to 10 where 0 is the worst and 10 is the best.)



Population:
TRICARE Prime enrollees

Sample size:
3,556

Vertical axis:
Average rating of TRICARE Prime from 0 to 10, where 0 is the worst and 10 is the best

Horizontal axis:
All catchment areas

Double Asterisks (**):
Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

- How TRICARE Prime enrollees rate their experience with TRICARE Prime
- If satisfaction with TRICARE Prime is higher in some catchment areas than in others

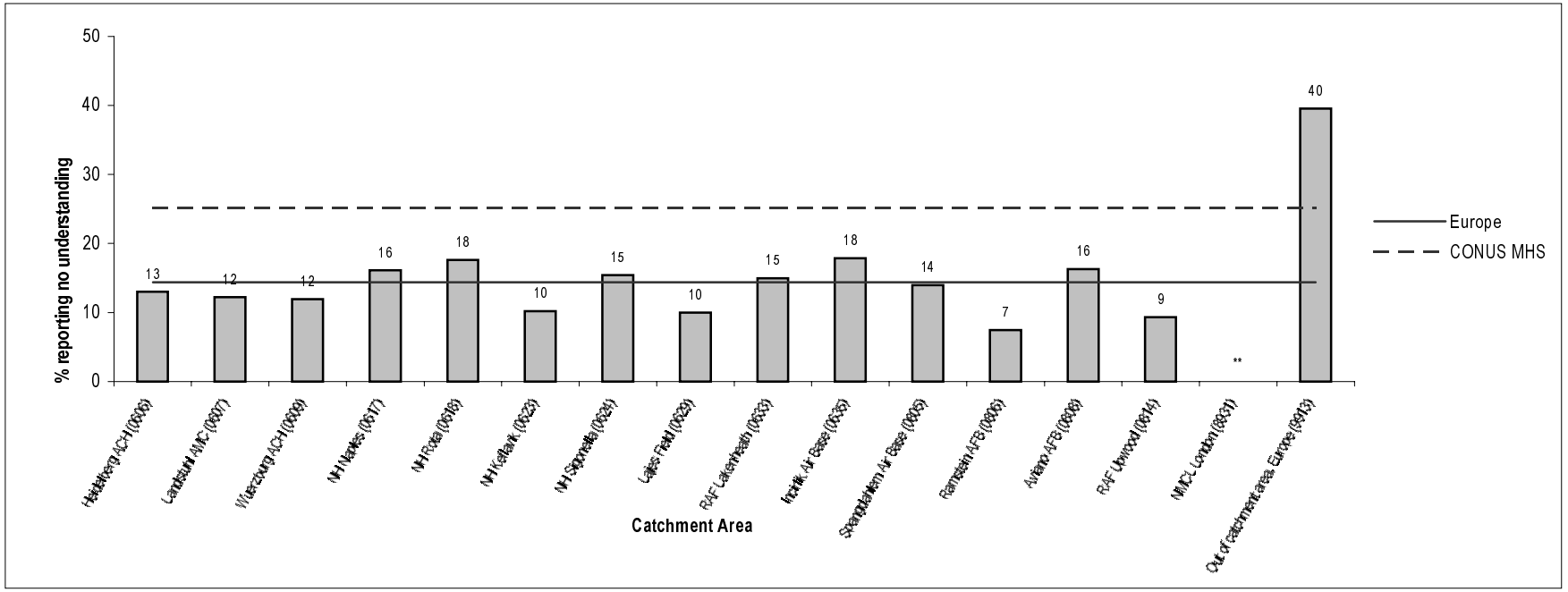
Findings:

When asked to rate the health plan they use the most on a scale from 0 to 10, enrollees in Europe rated TRICARE Prime 6.1.

Ratings of TRICARE Prime ranged from 5.7 at Incirlik Air Base to 6.8 at NH Sigonella and 6.9 at RAF Upwood.

3.3 Beneficiaries Reporting No Understanding of TRICARE

Q.32: How well do you feel you understand TRICARE overall?



Population:
All beneficiaries

Sample size:
4,879

Vertical axis:
Percent who report "no understanding" of TRICARE Prime

Horizontal axis:
All catchment areas

Double Asterisks (**):
Indicates that value is suppressed because of insufficient sample size

What the exhibit shows:

- The proportion of beneficiaries who report *not* understanding the TRICARE system
- How findings vary across catchment areas

Findings:

Overall, 14 percent of Europe beneficiaries said they had "no understanding" of TRICARE.

The proportion of beneficiaries reporting "no understanding" of TRICARE was 40 percent among beneficiaries living out of catchment area. At other sites, understanding varied little, ranging from 7 percent at Ramstein AFB to 18 percent at Incirlik Air Base and NH Rota.

Chapter
4

Access to Health Care

This chapter presents the findings on access to health care in the MHS. In the HCSDB, access was measured in terms of four basic indicators:

- **Waiting period for well-patient appointments**—TRICARE standards require that MHS beneficiaries be able to arrange for well-patient appointments in less than 4 weeks. Findings for active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, and all other beneficiaries are presented by the type of facility they report using most often (MTF or CTF). (See Exhibit 4.1).
- **Waiting past one's scheduled appointment time in a doctor's office or clinic**—TRICARE standards also require that MHS beneficiaries *not* wait more than 30 minutes past the appointed time in a doctor's office or clinic for a scheduled routine care visit. Exhibit 4.2 shows the percentage of active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, and other beneficiaries who report "usually or always" waiting more than 30 minutes. The results for MTFs and CTFs are shown separately.
- **Getting referrals to specialists**—This is the first year that the HCSDB asked respondents: "How much of a problem, if any, was it to get a referral to a specialist that you needed to see?" The percentage of respondents who replied that it was "a big problem", is shown in Exhibit 4.3 by type of health plan: TRICARE Prime (active duty and non-active duty), Standard/Extra, Medicare, or other insurance.
- **Getting care that the beneficiary or a doctor "believed necessary"**—The survey also asked: "How much of a problem, if any, was it to get the care you or a doctor believed necessary?" The percentage of respondents who replied that it was "a big problem", is shown by type of health plan in Exhibit 4.4.

Key Findings

Waiting Times

- Access to well care is generally high for TRICARE Prime enrollees. Ninety-one percent of active duty and non-active duty enrollees reported receiving MTF well-patient appointments within 4 weeks. Except for Wuerzburg ACH (85 percent), at least 90 percent of active duty enrollees in every catchment area were seen at MTFs within 4 weeks.
- Twenty-two percent of active duty TRICARE Prime enrollees in Europe reported "usually or always" waiting 30 minutes or more past the appointed time at a MTF. Long waits for active duty enrollees ranged from 7 percent at Lajes Field to 31 percent at Wuerzburg ACH. Non-active duty rates ranged from 7 percent at NH Rota to 38 percent at Landstuhl AMC and 39 percent at Heidelberg ACH.

Access to Health Care

- TRICARE Prime enrollees in Europe frequently reported having a "big problem" getting referrals to specialists. Twenty-five percent of active duty enrollees reported problems, as did 17 percent of non-active duty enrollees. Active duty problem rates ranged from 18 percent at RAF Lakenheath to 41 percent at Lajes Field.
- Ten percent of active duty and non-active duty TRICARE Prime enrollees reported a "big problem" getting needed care. Non-active duty enrollees at Wuerzburg ACH (16 percent) reported the most "big problems". No non-active duty and 4 percent of active duty enrollees at NH Sigonella reported "big problems".

4.1 Waiting Period for Well-Patient Visits, by Enrollment Status and Type of Facility

Q.77a: How many weeks did you usually have to wait between the time you made an appointment for care and the day you actually saw the provider…for a well-patient visit, such as a physical?

Catchment Area (DMIS Code)	Population	Percent of Population							
		Enrolled in Prime under age 65				Not Enrolled in Prime			
		Active Duty		Non-Active Duty		Under age 65		Age 65 or over	
		MTF	CTF	MTF	CTF	MTF	CTF	MTF	CTF
Heidelberg ACH (0606)	20,595	90.3	**	89.3	**	**	**	**	**
Landstuhl AMC (0607)	17,806	90.9	**	92.9	91.2	**	**	**	**
Wuerzburg ACH (0609)	21,247	84.7	99.3	90.3	94.7	**	**	**	**
NH Naples (0617)	4,489	94.0	**	91.9	**	**	**	**	**
NH Rota (0618)	3,590	95.2	**	**	**	**	**	**	**
NH Keflavik (0623)	1,583	95.9	**	**	**	**	**	**	**
NH Sigonella (0624)	2,470	94.7	**	92.7	**	**	**	**	**
Lajes Field (0629)	964	97.4	**	**	**	**	**	**	**
RAF Lakenheath (0633)	11,369	95.7	**	89.5	**	91.6	**	**	**
Incirlik Air Base (0635)	2,745	90.9	**	92.3	**	**	**	**	**
Spangdahlem Air Base (0805)	6,748	97.1	**	90.6	**	**	**	**	**
Ramstein AFB (0806)	10,808	90.1	**	84.0	**	**	**	**	**
Aviano AFB (0808)	4,086	97.6	**	96.8	**	**	**	**	**
RAF Upwood (0814)	848	90.5	**	**	**	**	**	**	**
NMCL London (8931)	1,077	97.3	**	**	**	**	**	**	**
Out/Area-Europe (9913)	5,754	**	**	**	**	95.2	**	**	**
Europe	**116,179**	**91.2**	**93.3**	**90.8**	**94.1**	**93.6**	**98.7**	**	**
CONUS MHS	**4,087,446**	**91.6**	**89.1**	**91.1**	**90.1**	**82.1**	**88.9**	**86.6**	**91.8**

Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

What the exhibit shows:

- If TRICARE Prime enrollees are more likely than other beneficiaries to get well-patient visits within 4 weeks
- If waiting time for a well-patient visit varies by enrollment status or age
- If well-patient visits at MTFs are more likely to be available within 4 weeks compared with CTFs
- How findings vary across catchment areas

Double Asterisks (**):

Indicates that value is suppressed because of insufficient sample size

Findings:

The proportion of Europe beneficiaries who reported getting well-patient visits to MTFs within the 4-week TRICARE standard varied little by beneficiary group, ranging from 91 percent of active duty and non-active duty enrollees to 94 percent of non-Prime beneficiaries under age 65.

Active duty enrollees were least likely to get a well-patient appointment in less than 4 weeks at Wuerzburg ACH (85 percent) and most likely at Aviano AFB (98 percent). In all other catchment areas, at least 90 percent of active duty enrollees were seen within 4 weeks at MTFs.

4.2 Waiting More Than 30 Minutes in Doctor's Office or Clinic, by Enrollment Status and Type of Facility

Q.74: What type of facility did you go to most often for health care, or advice on health care?
Q.83: How often did you wait in the doctor's office or clinic more than 30 minutes past your appointment time for routine care?

Catchment Area (DMIS Code)	Population	Percent of Population							
		Enrolled in Prime under age 65				Not Enrolled in Prime			
		Active Duty		Non-Active Duty		Under age 65		Age 65 or over	
		MTF	CTF	MTF	CTF	MTF	CTF	MTF	CTF
Heidelberg ACH (0606)	26,549	28.6	**	39.1	49.3	**	**	**	**
Landstuhl AMC (0607)	23,821	24.0	**	38.1	**	**	**	**	**
Wuerzburg ACH (0609)	27,952	31.2	69.6	30.4	29.0	**	**	**	**
NH Naples (0617)	5,507	13.5	**	27.7	**	**	**	**	**
NH Rota (0618)	4,455	**	**	6.7	**	**	**	**	**
NH Keflavik (0623)	2,083	**	**	**	**	**	**	**	**
NH Sigonella (0624)	3,429	**	**	**	**	**	**	**	**
Lajes Field (0629)	1,378	7.2	**	**	**	**	**	**	**
RAF Lakenheath (0633)	15,482	15.4	**	16.8	**	**	**	**	**
Incirlik Air Base (0635)	3,464	**	**	**	**	**	**	**	**
Spangdahlem Air Base (0805)	8,629	16.0	**	13.5	**	**	**	**	**
Ramstein AFB (0806)	13,331	12.9	**	**	**	**	**	**	**
Aviano AFB (0808)	5,232	14.2	**	**	**	**	**	**	**
RAF Upwood (0814)	1,295	18.8	**	**	**	**	**	**	**
NMCL London (8931)	1,296	**	**	**	**	**	**	**	**
Out/Area-Europe (9913)	8,061	**	**	**	**	6.0	**	**	**
Europe	**151,964**	**22.0**	**46.2**	**26.3**	**25.2**	**12.0**	**	**	**
CONUS MHS	**5,057,820**	**24.0**	**29.2**	**18.3**	**24.1**	**24.9**	**18.4**	**10.2**	**14.3**

Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

What the exhibit shows:

- If TRICARE Prime enrollees are more likely than other beneficiaries to wait more than 30 minutes for routine scheduled appointments
- If beneficiaries are more likely to wait more than 30 minutes for scheduled appointments at MTFs compared with CTFs
- How findings vary across catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

Findings:

The proportion of Europe beneficiaries who "usually or always" waited more than 30 minutes past a scheduled appointment at a MTF ranged from 12 percent of non-Prime beneficiaries under 65 to 26 percent of non-active duty Prime enrollees. Twenty-two percent of active duty enrollees reported long waits.

At Heidelberg ACH (39 percent), Landstuhl AMC (38 percent) and Wuerzburg ACH (30 percent), 30 percent or more of non-active duty enrollees reported long waits at MTFs. Among non-active duty enrollees, the fewest long waits were reported at NH Rota (7 percent).

Long waits at MTFs for active duty enrollees ranged from 7 percent at Lajes Field to 31 percent at Wuerzburg ACH.

4.3 Problems Getting Referrals to Specialists, by Type of Health Plan

Q.50: Which health care plan did you use most in the last 12 months?
Q.53: In the last 12 months, did you or a doctor think you needed to see a specialist?
Q.54: How much of a problem, if any, was it to get a referral to a specialist that you needed to see?

Catchment Area (DMIS Code)	Population	Percent reporting a "big problem"				
		Active duty, Prime under age 65	Non-active duty, Prime under age 65	Standard/ Extra	Medicare, age 65 or over	Other insurance
Heidelberg ACH (0606)	12,356	26.7	22.8	**	**	**
Landstuhl AMC (0607)	12,235	25.1	18.6	**	**	**
Wuerzburg ACH (0609)	13,552	26.9	18.9	**	**	**
NH Naples (0617)	1,795	**	**	**	**	**
NH Rota (0618)	1,824	**	**	**	**	**
NH Keflavik (0623)	771	**	**	**	**	**
NH Sigonella (0624)	1,522	**	**	**	**	**
Lajes Field (0629)	416	40.7	**	**	**	**
RAF Lakenheath (0633)	6,246	18.0	9.8	**	**	**
Incirlik Air Base (0635)	1,468	33.7	**	**	**	**
Spangdahlem Air Base (0805)	3,758	**	**	**	**	**
Ramstein AFB (0806)	5,883	20.2	**	**	**	**
Aviano AFB (0808)	1,580	**	**	**	**	**
RAF Upwood (0814)	661	25.1	**	**	**	**
NMCL London (8931)	557	**	**	**	**	**
Out/Area-Europe (9913)	3,210	**	**	**	**	**
Europe	**67,832**	**24.6**	**17.2**	**	**	**
CONUS MHS	**2,689,886**	**26.5**	**19.5**	**13.5**	**3.8**	**4.9**

Population:

Beneficiaries who needed to see a specialist in the past 12 months

What the exhibit shows:

- If beneficiaries are more likely to report a big problem getting specialty referrals in some health plans compared with other health plans
- If specialty referrals are a greater problem in certain catchment areas compared with the region overall
- How findings vary across catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

Findings:

In Europe, 17 percent of non-active duty Prime enrollees reported "big problems" getting specialty care, as did 25 percent of active duty enrollees. The sample was too small to generate reliable estimates for users of Medicare, Standard/Extra, or "other insurance".

The proportion of active duty enrollees reporting "big problems" getting specialist referrals ranged from 18 percent at RAF Lakenheath to 41 percent at Lajes Field.

4.4 Problems Getting Necessary Care, by Type of Health Plan

Q.50: Which health plan did you use most in the last 12 months?
Q.59: How much of a problem, if any, was it to get the care you or a doctor believed necessary?

Catchment Area (DMIS Code)	Population	Percent reporting a "big problem"				
		Active duty, Prime under age 65	Non-active duty, Prime under age 65	Standard/ Extra	Medicare, age 65 or over	Other insurance
Heidelberg ACH (0606)	25,215	12.3	12.1	6.3	**	**
Landstuhl AMC (0607)	22,261	10.2	13.9	**	**	**
Wuerzburg ACH (0609)	25,864	12.9	16.0	6.3	**	**
NH Naples (0617)	4,743	9.2	6.0	**	**	**
NH Rota (0618)	3,840	3.0	9.4	**	**	**
NH Keflavik (0623)	2,069	6.4	**	**	**	**
NH Sigonella (0624)	3,087	4.4	0.0	**	**	**
Lajes Field (0629)	1,130	9.6	**	**	**	**
RAF Lakenheath (0633)	13,341	5.5	3.6	**	**	**
Incirlik Air Base (0635)	3,115	**	4.4	**	**	**
Spangdahlem Air Base (0805)	8,165	7.0	8.8	**	**	**
Ramstein AFB (0806)	12,789	9.4	9.3	**	**	**
Aviano AFB (0808)	4,898	5.9	0.0	**	**	**
RAF Upwood (0814)	1,271	6.0	**	**	**	**
NMCL London (8931)	1,067	8.3	**	**	**	**
Out/Area-Europe (9913)	6,806	**	**	**	**	**
Europe	**139,661**	**9.8**	**10.4**	**	**	**4.5**
CONUS MHS	**4,646,651**	**12.6**	**10.3**	**7.4**	**3.0**	**2.8**

Population:

Beneficiaries who received care at a MTF or CTF in the past 12 months

What the exhibit shows:

- If beneficiaries are more likely to report a "big problem" getting care in some health plans compared with other plans
- If getting care is a greater problem in certain catchment areas compared with others

Double Asterisks (**):

Indicates that value is suppressed because of insufficient sample size

Findings:

Problems getting "necessary care" in Europe varied by type of plan and catchment area, ranging from 5 percent of beneficiaries with "other insurance" to 10 percent of active duty and non-active duty Prime enrollees.

The proportion of non-active duty enrollees reporting a "big problem" ranged from 0 percent at Aviano AFB and NH Sigonella to 16 percent at Wuerzburg ACH.

Among active duty enrollees, problem rates were lowest at NH Rota (3 percent), NH Sigonella (4 percent), and RAF Lakenheath (6 percent).

Chapter

5

Health Status and Health Care Use

This chapter documents HCSDB findings on MHS beneficiaries' physical and mental health and presents summary data on emergency room use and use of military pharmacies to fill civilian prescriptions.

- **Physical and Mental Health Status**—The HCSDB incorporated questions from the SF-12, a widely used instrument for measuring physical and mental health status. In the SF-12, high scores are associated with better health. Exhibit 5.1 presents the proportion of people whose physical or mental health is worse than average. This means that if the reported proportion of beneficiaries in the exhibit is less than 50 percent, the reader can infer that the study population is, on average, healthier than the general U.S. population.
- **Emergency Room (ER) Utilization**—ER use is often viewed as an indicator of poor access to routine care. This exhibit shows the percentage of MHS beneficiaries who reported at least one visit to a military or civilian emergency room in the past 12 months. Findings for active duty TRICARE Prime enrollees, non-active duty TRICARE Prime enrollees, and all other beneficiaries in Europe are presented by the type of facility (MTF or CTF). (See Exhibit 5.2).
- **Military Pharmacies and Civilian Prescriptions**—Earlier surveys have found that a substantial portion of MHS beneficiaries use military pharmacies to obtain prescriptions drugs that were ordered by a civilian provider. This year, the analysis focuses on those with higher usage, that is, the percentage of the population who had a military pharmacy fill at least seven prescriptions ordered by a civilian provider (see Exhibit 5.3).

Key Findings

Physical and Mental Health

- Europe beneficiaries are in similar physical and better mental health compared with the general U.S. population. Approximately half of Europe beneficiaries scored below the 50th percentile of the U.S. population in physical health (50 percent). Less than half scored low in mental health (38 percent). The low physical health score rate ranged from 37 percent at RAF Upwood and NH Sigonella to 54 percent at Heidelberg ACH and Wuerzburg ACH.

Emergency Room Use

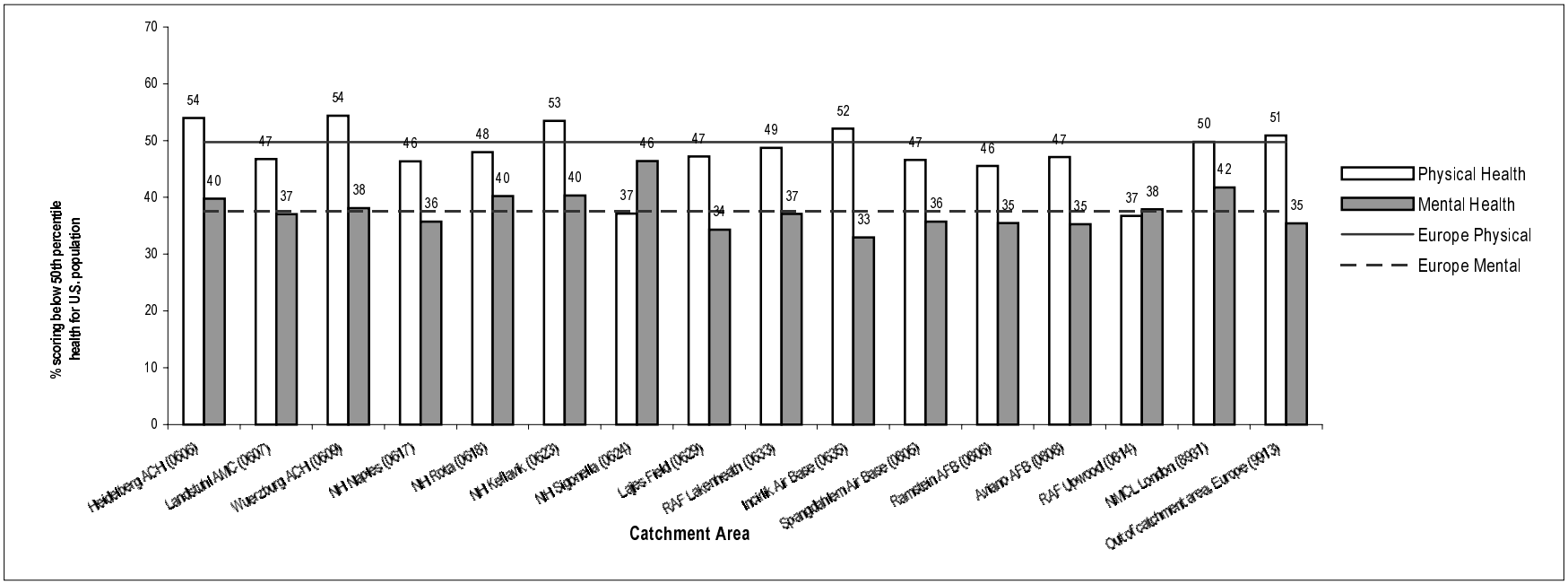
- Thirty percent of non-active duty TRICARE Prime enrollees in Europe reported at least one visit to a MTF emergency room, substantially more than did their peers in CONUS MHS (21 percent). More than one in three non-active duty enrollees at NH Sigonella (52 percent), RAF Lakenheath (39 percent), NH Rota (38 percent), NH Naples (37 percent), Ramstein AFB (36 percent) and Incirlik Air Base (34 percent) reported MTF emergency room visits.

Use of Military Pharmacies

- In Europe, the proportion of beneficiaries who filled 7 or more civilian prescriptions at military pharmacies did not vary significantly by beneficiary group. Rates for all beneficiary groups in Europe were substantially less than those of their peers in CONUS MHS.

5.1 Physical and Mental Health Status of Beneficiaries in Europe Relative to the U.S. Population

This chart presents a composite result derived from responses to questions 105 through 111, which relate to general physical and mental health. These scores are age-adjusted.



Population:
All beneficiaries

Sample size:
9,736

Vertical axis:
Percent of the adult MHS population whose physical or mental health score (adjusted for age) is below the 50th percentile score for the overall adult U.S. population

Horizontal axis:
All catchment areas

Double Asterisks (**):
Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

- How the overall physical and mental health status of Europe catchment area beneficiaries compares with that of the general U.S. population
- How the physical and mental health of MHS beneficiaries varies across catchment areas

Findings:

In Europe overall, 50 percent of beneficiaries scored below the 50th percentile for physical health in the U.S. Thirty-eight percent of beneficiaries scored below the 50th percentile for mental health.

Low physical health score rates ranged from 37 percent at RAF Upwood and NH Sigonella to 54 percent at Heidelberg ACH and Wuerzburg ACH.

5.2 Population with One or More Visits to a Military or Civilian Emergency Room, by Enrollment Status

Q.11: How many times did you go to a military emergency room to get care for yourself?
Q.13: How many times did you go to a civilian emergency room for your own care?

Catchment Area (DMIS Code)	Population	Percent of Population							
		Enrolled in Prime under age 65				Not Enrolled in Prime			
		Active Duty		Non-Active Duty		Under age 65		Age 65 or over	
		MTF	CTF	MTF	CTF	MTF	CTF	MTF	CTF
Heidelberg ACH (0606)	60,463	17.5	6.0	23.4	10.4	**	**	**	**
Landstuhl AMC (0607)	52,824	17.0	5.9	23.0	12.8	**	**	**	**
Wuerzburg ACH (0609)	62,817	19.7	**	30.7	11.5	**	**	**	**
NH Naples (0617)	11,757	26.9	3.2	37.3	1.5	**	**	**	**
NH Rota (0618)	10,092	20.7	0.0	37.5	4.0	**	4.2	**	**
NH Keflavik (0623)	4,463	28.6	3.9	**	**	**	**	**	**
NH Sigonella (0624)	7,474	22.7	0.0	51.7	4.3	**	**	**	**
Lajes Field (0629)	2,912	24.0	0.8	**	**	**	**	**	**
RAF Lakenheath (0633)	34,265	18.0	1.6	39.4	3.2	20.0	1.5	**	**
Incirlik Air Base (0635)	7,437	26.7	8.2	34.3	**	**	**	**	**
Spangdahlem Air Base (0805)	18,515	26.6	6.0	32.5	6.5	**	**	**	**
Ramstein AFB (0806)	28,142	25.7	4.7	35.8	2.4	**	**	**	**
Aviano AFB (0808)	11,270	20.8	7.4	**	5.9	**	**	**	**
RAF Upwood (0814)	2,892	12.1	11.1	**	**	**	**	**	**
NMCL London (8931)	2,835	4.9	5.5	**	**	**	**	**	**
Out/Area-Europe (9913)	17,848	**	0.0	**	**	**	5.8	**	**
Europe	**336,005**	**19.8**	**5.9**	**30.0**	**8.5**	**15.5**	**4.0**	**	**
CONUS MHS	**11,163,792**	**20.0**	**5.7**	**21.2**	**9.6**	**6.0**	**17.7**	**6.2**	**20.7**

Population:
All beneficiaries

What the exhibit shows:

- If TRICARE Prime enrollees are more likely to use an emergency room compared with other beneficiaries
- If use of MTF emergency rooms is greater than use of CTF emergency rooms
- How findings vary across catchment areas

Double Asterisks (**):
Indicates the value is suppressed because of insufficient sample size

Findings:

In Europe overall, 20 percent of active duty enrollees reported using a MTF emergency room at least once in the last 12 months, while 6 percent reported using a CTF emergency room. Thirty percent of non-active duty enrollees reported using a MTF emergency room, compared to 21 percent in CONUS MHS.

More than one in three non-active duty enrollees had MTF emergency room visits at NH Sigonella (52 percent), RAF Lakenheath (39 percent), NH Rota (38 percent), NH Naples (37 percent), Ramstein AFB (36 percent) and Incirlik Air Base (34 percent).

5.3 Use of Military Pharmacies to Fill Prescriptions Written by a Civilian Provider, by Type of Beneficiary

Q.14: How many prescriptions did you have that were written by a civilian provider but were filled with a military pharmacy?

Catchment Area (DMIS Code)	Population	Percent filling 7 or more civilian prescriptions			
		Active Duty under age 65	Dependents of Active Duty, under age 65	Retirees, Survivors, and Dependents, under age 65	Retirees, Survivors, and Dependents, age 65 or over
Heidelberg ACH (0606)	30,051	1.4	2.2	**	**
Landstuhl AMC (0607)	26,387	2.9	2.2	**	**
Wuerzburg ACH (0609)	31,410	1.7	4.0	**	**
NH Naples (0617)	5,814	0.7	0.0	**	**
NH Rota (0618)	4,966	0.8	0.0	**	**
NH Keflavik (0623)	2,231	1.0	**	**	**
NH Sigonella (0624)	3,737	3.2	0.0	**	**
Lajes Field (0629)	1,456	0.0	**	**	**
RAF Lakenheath (0633)	17,078	0.2	2.3	0.0	**
Incirlik Air Base (0635)	3,719	0.0	2.8	**	**
Spangdahlem Air Base (0805)	9,284	0.2	1.1	**	**
Ramstein AFB (0806)	13,954	0.1	2.4	**	**
Aviano AFB (0808)	5,652	2.4	2.3	**	**
RAF Upwood (0814)	1,499	1.0	**	**	**
NMCL London (8931)	1,423	0.6	**	**	**
Out/Area-Europe (9913)	8,979	0.0	**	2.6	**
Europe	**167,639**	**1.4**	**2.6**	**2.6**	****
CONUS MHS	**5,569,364**	**2.2**	**6.2**	**10.8**	**27.4**

Population:
All beneficiaries

What the exhibit shows:

- If beneficiaries in some catchment areas have filled 7 or more civilian prescriptions in military pharmacies
- If some groups of beneficiaries are more likely to fill civilian prescriptions at military pharmacies
- How findings vary across catchment areas

Double Asterisks (**):
Indicates the value is suppressed because of insufficient sample size

Findings:

In Europe overall, the proportion of beneficiaries who filled at least 7 civilian prescriptions at a military pharmacy did not vary significantly by beneficiary group.

Rates for all beneficiary groups in Europe are substantially less than those of their peers in CONUS MHS.

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Chapter
6

Use of Preventive Services

This chapter analyzes a series of survey questions that asked MHS beneficiaries to report their use of selected preventive services: prenatal care in the first trimester of pregnancy, breast and cervical cancer screening, flu shots among the elderly, and screening for hypertension and prostate disease.

- The findings for MHS beneficiaries are compared with the federal government's Healthy People 2000 goals for improving the nation's health (see Healthy People 2000 Review 1997, DHHS Publication No. PHS 98-1256). In the bar graphs, the Healthy People 2000 goals are indicated by hatched lines; findings for Europe overall are indicated by solid lines.
- Exhibits 6.1, 6.2, and 6.5, show how use of prenatal care, screening for breast cancer, and flu shots varies by catchment area. Exhibits 6.3, 6.4, and 6.6 show results for cervical cancer, hypertension, and prostate disease screening for active duty Prime enrollees, non-active duty Prime enrollees, and all other beneficiaries. Since national goals for prostate disease screening have not been established, the findings can be assessed with respect to the American Cancer Society recommendation that men age 50 and over be screened annually for prostate disease.

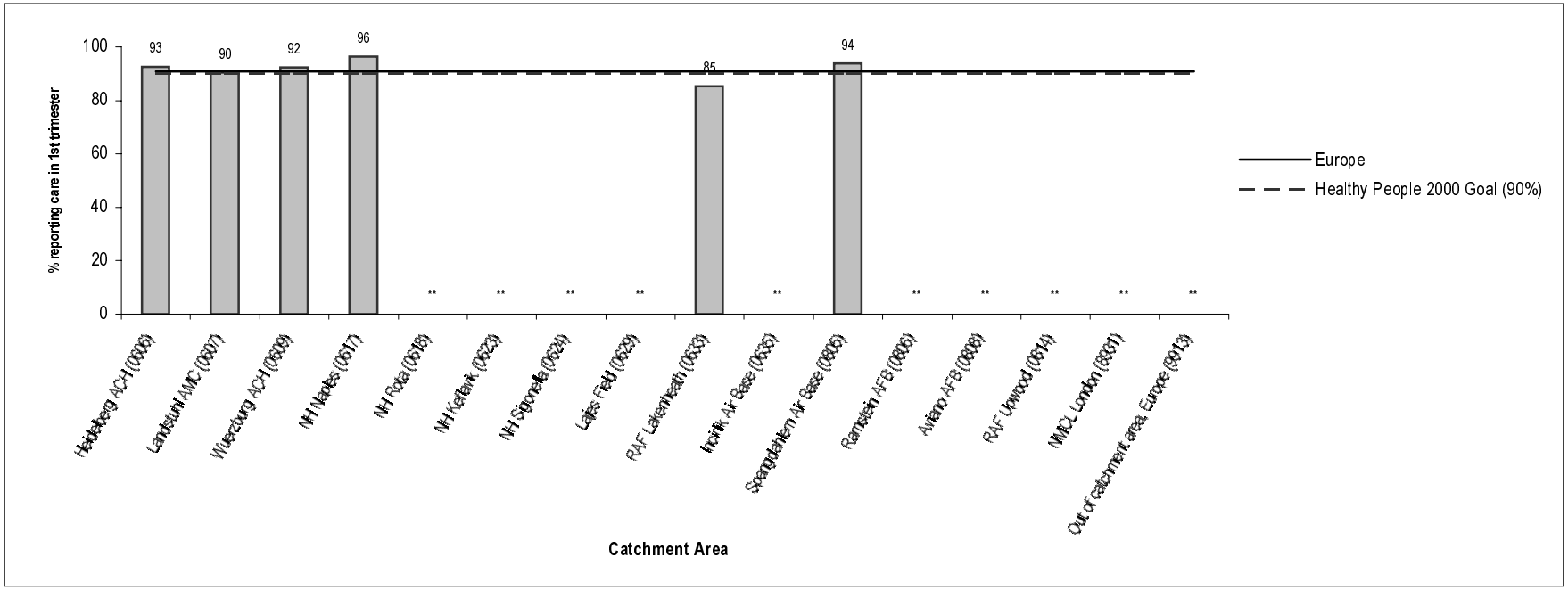
Key Findings

- Ninety-one percent of pregnant women received first trimester prenatal care.
- Ninety-one percent of women over 50 received breast cancer screening.
- In all catchment areas where rates could be reliably estimated, Pap smear rates for active duty and non-active duty women with military PCMs enrolled in Prime exceeded the Healthy People 2000 goal of 85 percent. One hundred percent of active duty and non-active duty enrollees with military PCMs at NH Sigonella were screened. At 6 sites, 100 percent of active duty women had Pap smears.
- The proportion of non-active duty enrollees with military PCMs who had a blood pressure reading in the past two years and knew whether their blood pressure was high ranged from 72 percent at NH Rota to 100 percent at NH Sigonella. Among active duty enrollees with military PCMs, the rate was highest at Lajes Field (96 percent).

- The sample of Europe beneficiaries age 65 or over was too small to estimate a reliable flu shot rate.
- Fifty-eight percent of active duty men in Europe age 50 or over were screened for prostate disease in the past year.

6.1 Timing of First Prenatal Care

Q.31: When during your pregnancy did you first begin receiving prenatal care from a doctor or other health care professional?



Population:

Female beneficiaries, age 18 and over, who reported being pregnant "now" or in the past 12 months

Sample size:

340

Vertical axis:

Percent who had prenatal care in their first trimester of pregnancy

Horizontal axis:

All catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

- The percent of pregnant women who had a prenatal visit during their first trimester of pregnancy
- If access to prenatal care varies by catchment area
- If Europe catchment areas meet the Healthy People 2000 goal that at least 90 percent of pregnant women get care in their first trimester

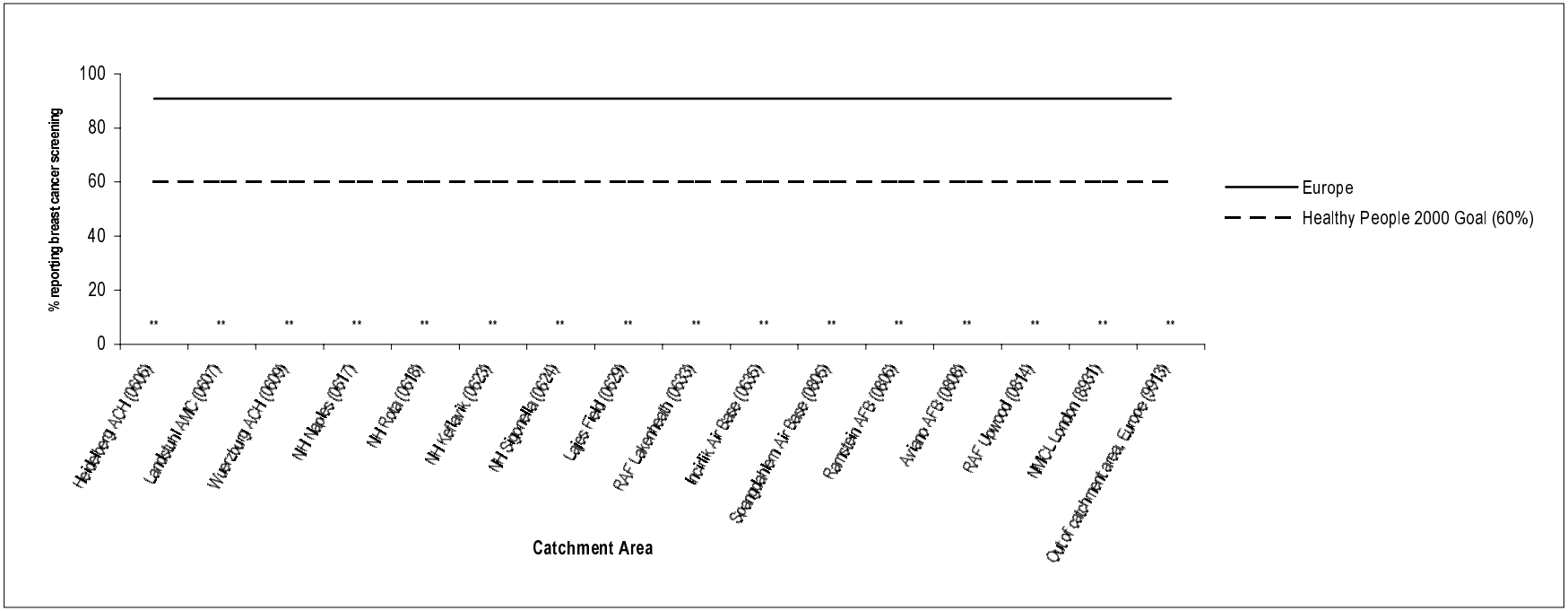
Findings:

Ninety-one percent of pregnant women in Europe reported first trimester prenatal care, exceeding the Healthy People 2000 goal.

In most catchment areas, the sample size was too small to yield reliable estimates of early prenatal care.

6.2 Breast Cancer Screening in the Past 2 Years

Q.29b: When was the last time your breasts were checked by mammography or other x-ray like procedure?



Population:
Female beneficiaries age 50 and over

Sample size:
72

Vertical axis:
Percent who reported having "mammography or other x-ray like procedure" in the past 2 years

Horizontal axis:
All catchment areas

Double Asterisks (**):
Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

- The percent of women age 50 or over who had a mammogram or other x-ray like procedure for breast cancer screening in the past two years
- If Europe catchment areas meet the Healthy People 2000 goal that at least 60 percent of women age 50 and over have been screened for breast cancer in the past two years
- How findings vary across catchment areas

Findings:

In Europe overall, 91 percent of women age 50 and over were screened for breast cancer in the previous two years.

The sample size was too small to yield reliable estimates of breast cancer screening rates for individual catchment areas.

6.3 Cervical Cancer Screening in the Past 3 Years, by Enrollment Status

Q.28: When did you last have a routine female examination with a Pap smear?

Catchment Area (DMIS Code)	Population	Percent of Population				
		Enrolled in Prime under age 65			Not enrolled in Prime	
		Active Duty Military PCM	Non-Active Duty Military PCM	Non-Active Duty Civilian PCM	Under age 65	Age 65 or over
Heidelberg ACH (0606)	14,375	96.9	96.0	**	**	**
Landstuhl AMC (0607)	10,958	97.5	93.2	**	**	**
Wuerzburg ACH (0609)	14,342	95.8	91.6	**	**	**
NH Naples (0617)	2,844	100.0	96.8	**	**	**
NH Rota (0618)	1,950	100.0	91.5	**	**	**
NH Keflavik (0623)	918	100.0	**	**	**	**
NH Sigonella (0624)	1,654	100.0	100.0	**	**	**
Lajes Field (0629)	647	**	**	**	**	**
RAF Lakenheath (0633)	8,555	98.9	97.5	**	82.5	**
Incirlik Air Base (0635)	1,780	**	87.8	**	**	**
Spangdahlem Air Base (0805)	4,200	96.5	98.3	**	**	**
Ramstein AFB (0806)	7,160	95.1	95.1	**	**	**
Aviano AFB (0808)	2,534	100.0	97.7	**	**	**
RAF Upwood (0814)	863	**	**	**	**	**
NMCL London (8931)	716	100.0	**	**	**	**
Out/Area-Europe (9913)	2,706	**	**	**	75.4	**
Europe	**76,204**	**97.4**	**94.4**	****	**81.7**	****
CONUS MHS	**2,635,949**	**96.5**	**93.3**	**92.4**	**85.6**	**85.4**

Population:

Female beneficiaries age 18 and over

What the exhibit shows:

- The percent of women who have been screened for cervical cancer in the past 3 years
- If some groups of women are more likely than others to be screened
- If Europe catchment areas meet the Healthy People 2000 goal that at least 85 percent of women have had a pap smear in the past 3 years
- How findings vary across catchment areas

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

Findings:

In Europe overall, the proportion of women with a Pap smear in the past 3 years ranged from 82 percent of non-Prime beneficiaries under age 65 to 97 percent of active duty enrollees with a military PCM.

In all catchment areas (with large enough samples to produce reliable estimates) active duty and non-active duty TRICARE Prime enrollees with military PCMs met or exceeded the Healthy People 2000 goal of 86 percent.

Screening rates among active duty women reached 100 percent at NH Sigonella, NH Rota, Aviano AFB, NMCL London, NH Keflavik, and NH Naples.

Among non-active duty enrollees with military PCMs, the rate was highest at NH Sigonella (100 percent).

6.4 Hypertension Screening in the Past 2 Years, by Enrollment Status

Q.17a: When did you last have a blood pressure reading?
Q.17b: Do you know if your blood pressure is too high or not?

Catchment Area (DMIS Code)	Population	Percent of Population				
		Enrolled in Prime under age 65			Not enrolled in Prime	
		Active Duty Military PCM	Non-Active Duty Military PCM	Non-Active Duty Civilian PCM	Under age 65	Age 65 or over
Heidelberg ACH (0606)	29,708	85.0	90.2	**	**	**
Landstuhl AMC (0607)	26,273	91.1	88.1	**	**	**
Wuerzburg ACH (0609)	31,371	87.6	91.1	**	**	**
NH Naples (0617)	5,801	86.6	92.9	**	**	**
NH Rota (0618)	4,979	83.2	71.5	**	86.9	**
NH Keflavik (0623)	2,180	93.0	**	**	**	**
NH Sigonella (0624)	3,767	93.6	100.0	**	**	**
Lajes Field (0629)	1,456	95.9	**	**	**	**
RAF Lakenheath (0633)	17,365	91.1	90.8	**	88.0	**
Incirlik Air Base (0635)	3,719	91.7	85.6	**	**	**
Spangdahlem Air Base (0805)	9,395	91.2	93.4	**	**	**
Ramstein AFB (0806)	13,683	93.6	90.0	**	**	**
Aviano AFB (0808)	5,591	91.1	93.3	**	**	**
RAF Upwood (0814)	1,499	91.9	**	**	**	**
NMCL London (8931)	1,412	93.9	**	**	**	**
Out/Area-Europe (9913)	8,743	78.1	**	**	89.1	**
Europe	**166,941**	**88.8**	**90.4**	****	**88.1**	****
CONUS MHS	**5,580,883**	**90.1**	**91.4**	**94.0**	**90.4**	**95.7**

Population:
All beneficiaries

What the exhibit shows:

- Percent of beneficiaries who had a blood pressure reading in the past 2 years *and* know if their blood pressure is too high
- If some groups of MHS beneficiaries are more likely than others to be aware of their risk for hypertension
- If Europe catchment areas meet the Healthy People 2000 goal for hypertension screening of 90 percent
- How findings vary by catchment area

Double Asterisks (**):
Indicates the value is suppressed because of insufficient sample size

Findings:

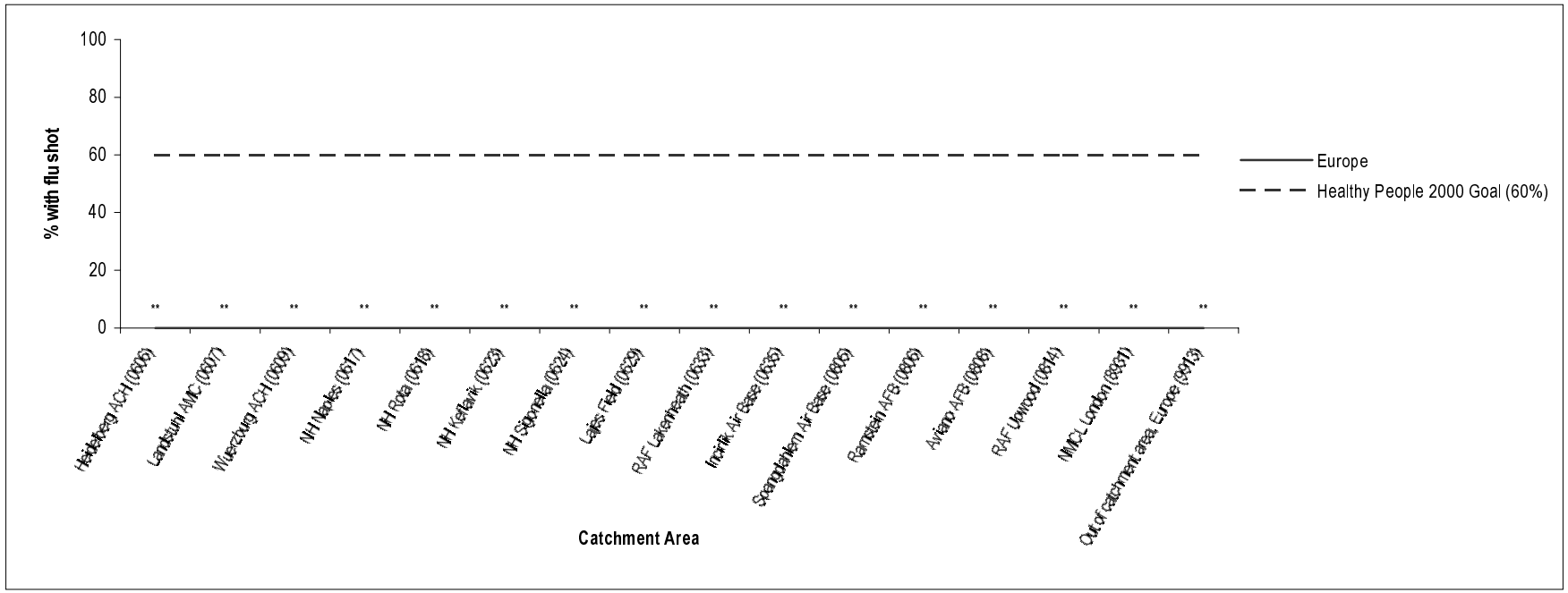
The proportion of Europe beneficiaries who had a blood pressure reading in the previous 2 years and knew if their blood pressure was too high standard varied little among beneficiary groups, ranging from 88 percent of non-Prime beneficiaries under age 65 to 90 percent non-active duty Prime enrollees.

Hypertension screening rates among non-active duty enrollees with a military PCM ranged from 72 percent at NH Rota to 100 percent at NH Sigonella.

Among active duty enrollees, the screening rate was highest at Lajes Field (96 percent).

6.5 Flu Shots Among Population Age 65 and Over in the Past 12 Months

Q.19: When did you last have a flu shot?



Population:
Beneficiaries age 65 and over

Sample size:
5

Vertical axis:
Percent who had a flu shot less than 12 months ago

Horizontal axis:
All catchment areas

Double Asterisks (**):
Indicates the value is suppressed because of insufficient sample size

What the exhibit shows:

- The percent of beneficiaries age 65 and over who had a flu shot in the past 12 months
- If some catchment areas are more likely than others to provide flu shots to beneficiaries age 65 or older
- If Europe catchment areas meet the Healthy People 2000 goal that 60 percent of persons age 65 or over get an annual flu shot

Findings:

The sample size was too small to yield reliable estimates of early prenatal care for individual catchment areas and the region as a whole.

6.6 Prostate Disease Screening in the Past 12 Months, by Enrollment Status

Q.27: When was the last time you had a prostate gland examination or blood test for prostate disease?

Catchment Area (DMIS Code)	Population	Percent of Population			
		Enrolled in Prime under age 65		Not enrolled in Prime	
		Active Duty	Non-Active Duty	Under age 65	Age 65 or over
Heidelberg ACH (0606)	552	**	**	**	**
Landstuhl AMC (0607)	739	**	**	**	**
Wuerzburg ACH (0609)	109	**	**	**	**
NH Naples (0617)	165	**	**	**	**
NH Rota (0618)	286	**	**	**	**
NH Keflavik (0623)	34	**	**	**	**
NH Sigonella (0624)	58	**	**	**	**
Lajes Field (0629)	0	**	**	**	**
RAF Lakenheath (0633)	657	**	**	**	**
Incirlik Air Base (0635)	86	**	**	**	**
Spangdahlem Air Base (0805)	38	**	**	**	**
Ramstein AFB (0806)	242	**	**	**	**
Aviano AFB (0808)	0	**	**	**	**
RAF Upwood (0814)	8	**	**	**	**
NMCL London (8931)	6	**	**	**	**
Out/Area-Europe (9913)	1,714	**	**	55.8	**
Europe	**4,693**	**57.6**	******	**46.6**	******
CONUS MHS	**1,604,826**	**50.9**	**58.9**	**58.5**	**75.1**

Population:

Male beneficiaries age 50 and over

What the exhibit shows:

- Percent of men age 50 and over who had a prostate exam in the past 12 months
- How the findings vary by enrollment status
- If some catchment areas are more likely than others to screen men for prostate disease

Double Asterisks (**):

Indicates the value is suppressed because of insufficient sample size

Findings:

The American Cancer Society recommends annual screening for prostate disease for men age 50 and over.

Fifty-eight percent of active duty enrollees were screened for prostate disease.

The sample was too small to produce reliable estimates for individual catchment areas.

Chapter
7

Performance Improvement Plan

This chapter presents a performance improvement plan (PIP) for each catchment area. In summarizing the satisfaction questions in the 1998 HCSDB, the purpose of the PIP is to identify: (1) the key aspects of services or care that most influence beneficiary satisfaction in the region and (2) those aspects that need to be improved in order to increase beneficiary satisfaction.

Each point in the exhibits represents one of the questions about satisfaction with military health care, Questions 100 a-s. For example, point H represents beneficiary satisfaction with the length of the wait in the provider's office, as indicated by the key to the right of the plot. The "importance" score in the figure (Y-axis) is the correlation of overall satisfaction with ratings of these individual aspects of health care. (A correlation was developed for each item). For example, the correlation for office waiting time would indicate how "important" office waiting time is in determining the respondent's overall satisfaction with military care. The closer a point is to the top of the exhibit, the more important the item is to overall satisfaction with military health care.

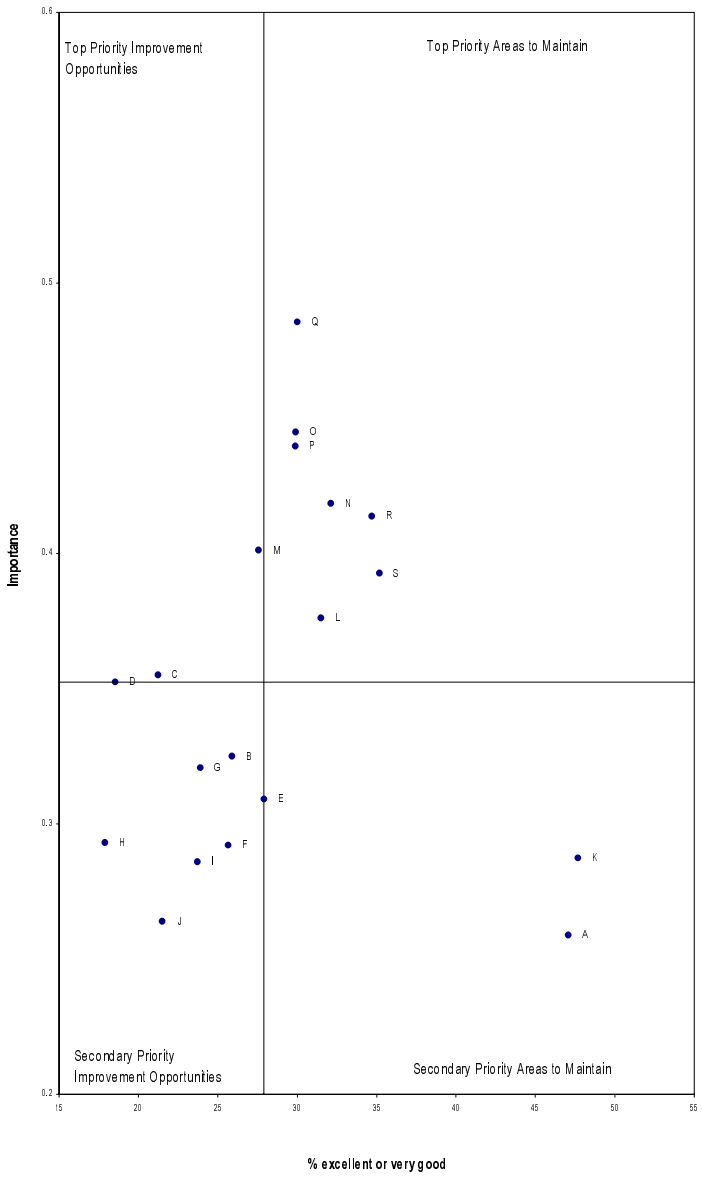
Services above the horizontal line, in the middle of the exhibit, are of greater importance to beneficiaries than those below the horizontal line, and they are noteworthy for their contribution to overall satisfaction. Services that beneficiaries are less satisfied with lie to the left of the vertical line, and those they are more satisfied with lie to the right of the line.

The quadrants may be interpreted as follows:

- **Top priority improvement opportunities are in the top left quadrant.** These aspects of health care should receive top priority for improvement because they are the ones with which beneficiaries are relatively dissatisfied and are important to overall satisfaction. These areas offer the greatest potential for increasing overall beneficiary satisfaction.
- **Top priority aspects of care to maintain are in the top right quadrant.** These are aspects of health care with which beneficiaries are relatively satisfied and that are important to overall satisfaction. These current levels of care in these areas should be maintained.
- **Secondary priority improvement opportunities are in the bottom left quadrant.** These aspects of health care may need to be improved because beneficiaries are dissatisfied with them, but the priority for attending to them is relatively low because they are not especially important to overall satisfaction.
- **Secondary priority aspects of care to maintain are in the bottom right quadrant.** These are aspects of health care with which beneficiaries are relatively satisfied but are not especially important to overall satisfaction. To the extent that these aspects of care meet beneficiaries' expectation, they should be maintained at their current level, but because they have relatively less to do with overall satisfaction, they can receive secondary priority.

7.1 Performance Improvement Plan, Heidelberg ACH

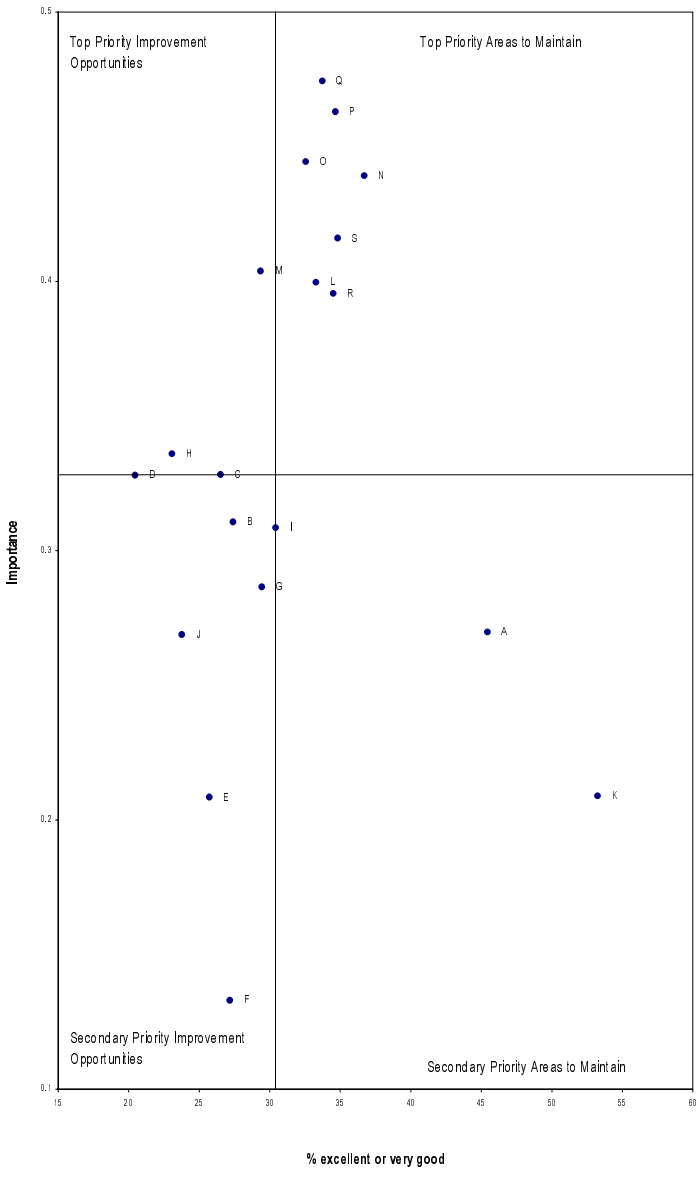
Bold items in the key to the right of this PIP identify aspects of military health care at Heidelberg ACH that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



A. Convenience of location
B. Convenience of hours
C. Access to health care
D. Access to specialist
E. Access to hospital
F. Access to medical care
G. Ease of making appointments
H. Length of time waiting at office
I. Length of time between making appointment for routine care and day of visit
J. Health care information and advice by phone
K. Services available for getting prescriptions filled
L. Thoroughness of exam
M. Ability to diagnose health care problems
N. Skill of health care providers
O. Thoroughness of treatment
P. Outcomes of your health care
Q. Quality
R. Provider's explanation of procedures
S. Provider's explanation of tests

7.2 Performance Improvement Plan, Landstuhl AMC

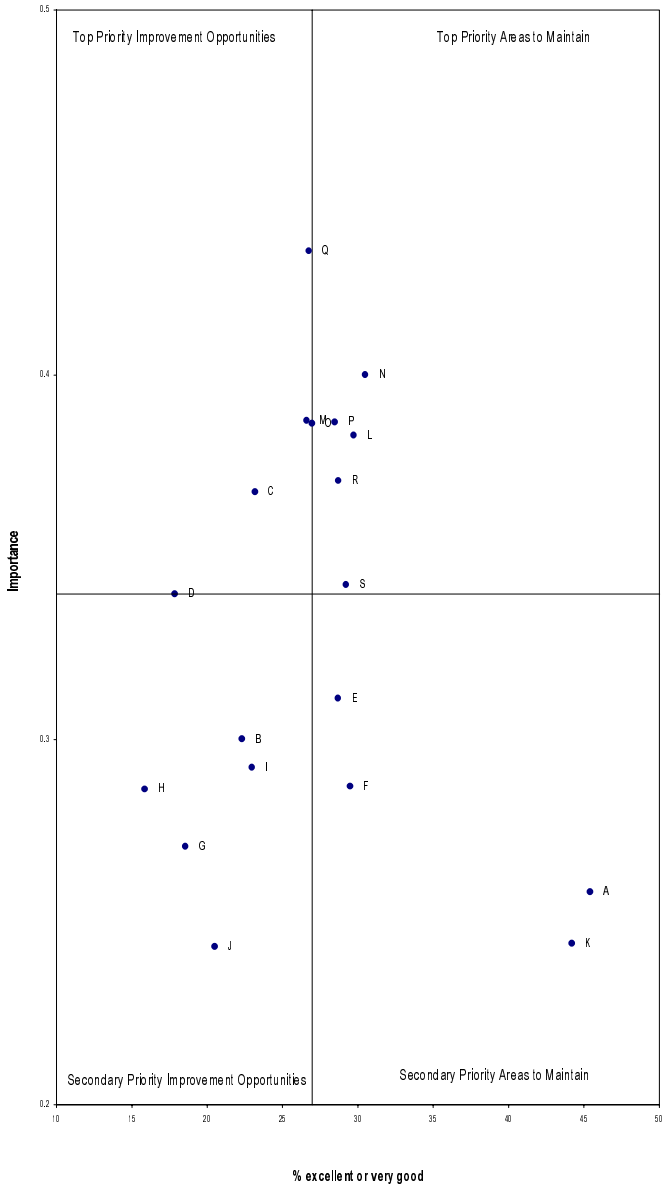
Bold items in the key to the right of this PIP identify aspects of military health care at Landstuhl AMC that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



A. Convenience of location
B. Convenience of hours
C. Access to health care
D. Access to specialist
E. Access to hospital
F. Access to medical care
G. Ease of making appointments
H. Length of time waiting at office
I. Length of time between making appointment for routine care and day of visit
J. Health care information and advice by phone
K. Services available for getting prescriptions filled
L. Thoroughness of exam
M. Ability to diagnose health care problems
N. Skill of health care providers
O. Thoroughness of treatment
P. Outcomes of your health care
Q. Quality
R. Provider's explanation of procedures
S. Provider's explanation of tests

7.3 Performance Improvement Plan, Wuerzburg ACH

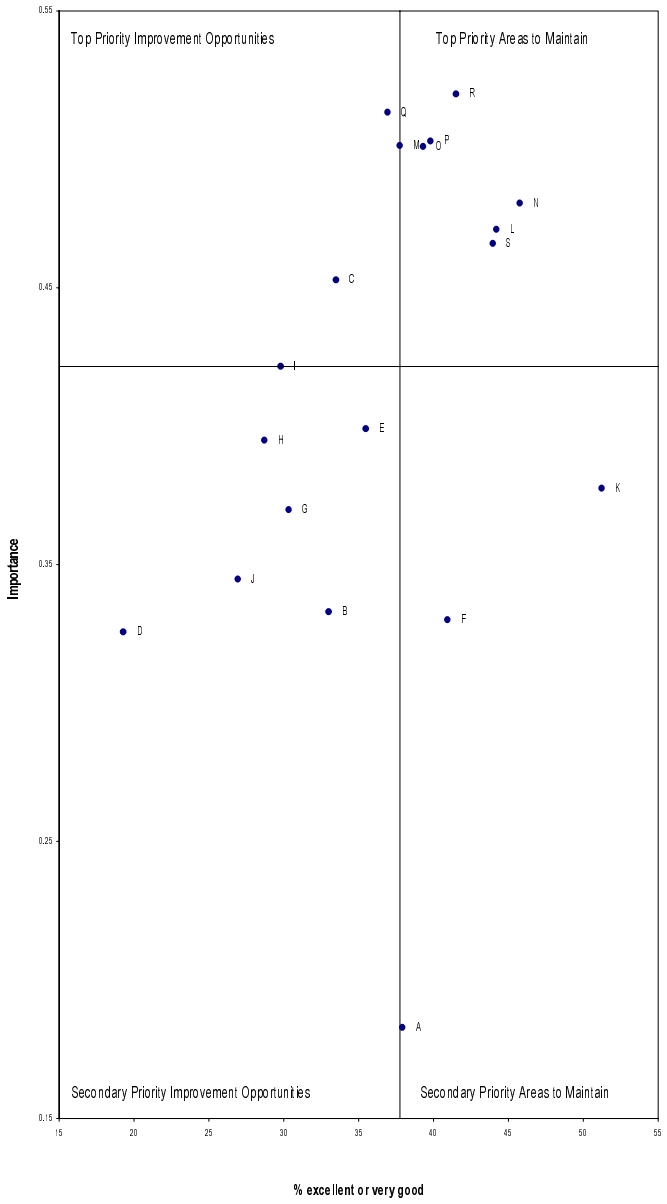
Bold items in the key to the right of this PIP identify aspects of military health care at Wuerzburg ACH that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



A. Convenience of location
B. Convenience of hours
C. Access to health care
D. Access to specialist
E. Access to hospital
F. Access to medical care
G. Ease of making appointments
H. Length of time waiting at office
I. Length of time between making appointment for routine care and day of visit
J. Health care information and advice by phone
K. Services available for getting prescriptions filled
L. Thoroughness of exam
M. Ability to diagnose health care problems
N. Skill of health care providers
O. Thoroughness of treatment
P. Outcomes of your health care
Q. Quality
R. Provider's explanation of procedures
S. Provider's explanation of tests

7.4 Performance Improvement Plan, NH Naples

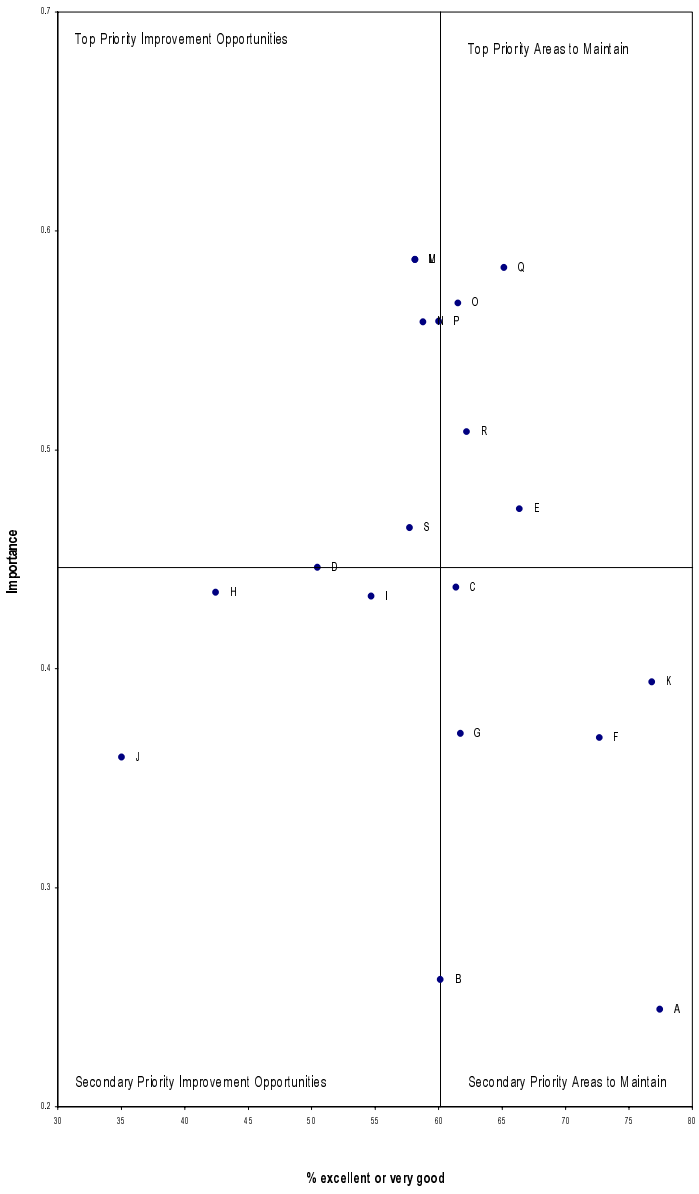
Bold items in the key to the right of this PIP identify aspects of military health care at NH Naples that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



A. Convenience of location
B. Convenience of hours
C. Access to health care
D. Access to specialist
E. Access to hospital
F. Access to medical care
G. Ease of making appointments
H. Length of time waiting at office
I. Length of time between making appointment for routine care and day of visit
J. Health care information and advice by phone
K. Services available for getting prescriptions filled
L. Thoroughness of exam
M. Ability to diagnose health care problems
N. Skill of health care providers
O. Thoroughness of treatment
P. Outcomes of your health care
Q. Quality
R. Provider's explanation of procedures
S. Provider's explanation of tests

7.5 Performance Improvement Plan, NH Rota

Bold items in the key to the right of this PIP identify aspects of military health care at NH Rota that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



A. Convenience of location
B. Convenience of hours
C. Access to health care
D. Access to specialist
E. Access to hospital
F. Access to medical care
G. Ease of making appointments
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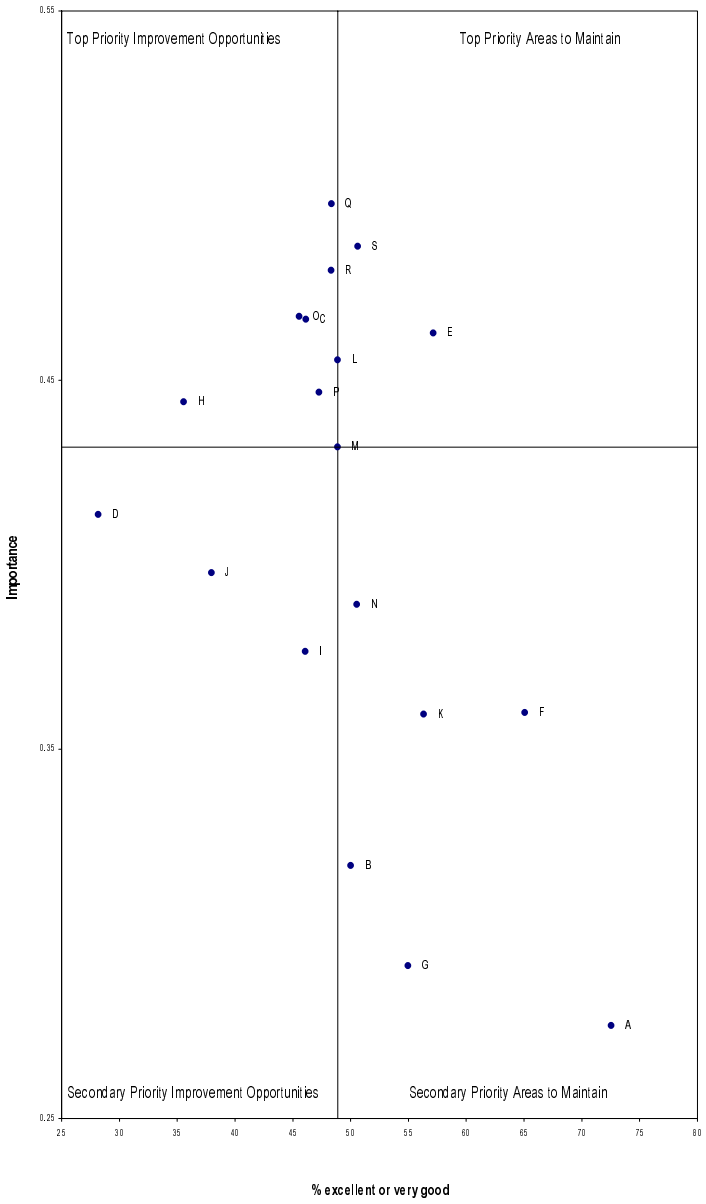
M. Ability to diagnose health care problems
N. Skill of health care providers
O. Thoroughness of treatment
P. Outcomes of your health care
Q. Quality
R. Provider's explanation of procedures
S. Provider's explanation of tests

7.6 Performance Improvement Plan, NH Keflavik

Bold items in the key to the right of this PIP identify aspects of military health care at NH Keflavik that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



A. Convenience of location
B. Convenience of hours
C. Access to health care
D. Access to specialist
E. Access to hospital
F. Access to medical care
G. Ease of making appointments
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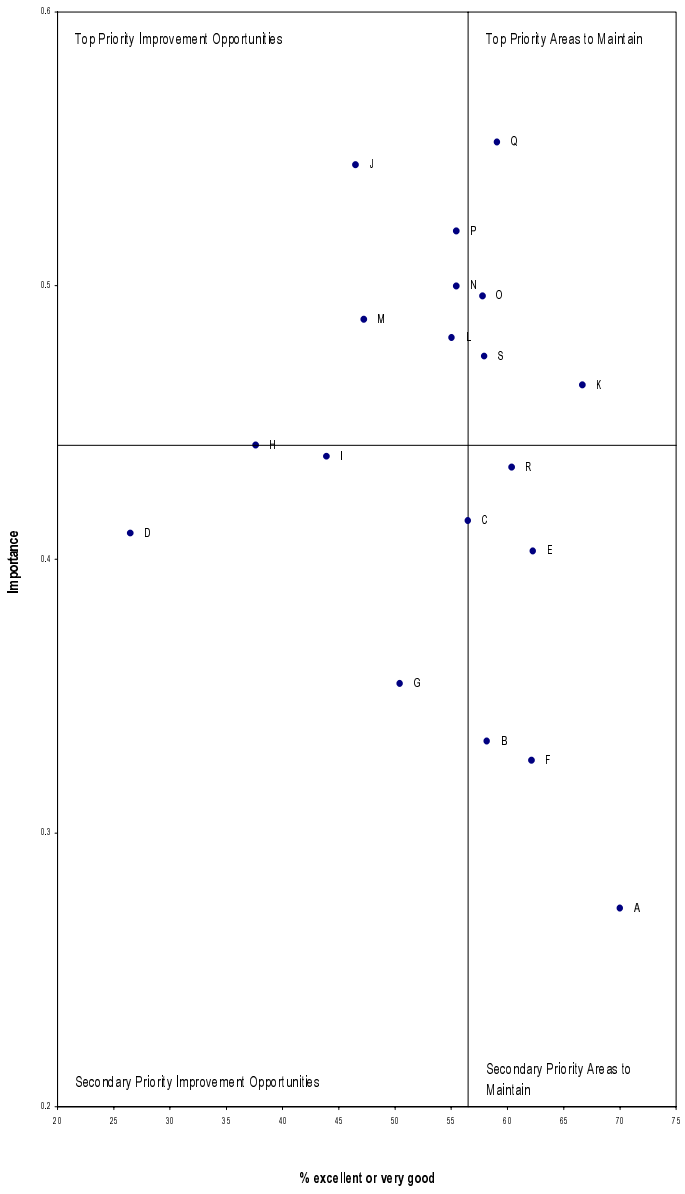
M. Ability to diagnose health care problems
N. Skill of health care providers
O. Thoroughness of treatment
P. Outcomes of your health care
Q. Quality
R. Provider's explanation of procedures
S. Provider's explanation of tests

7.7 Performance Improvement Plan, NH Sigonella

Bold items in the key to the right of this PIP identify aspects of military health care at NH Sigonella that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



A. Convenience of location
B. Convenience of hours
C. Access to health care
D. Access to specialist
E. Access to hospital
F. Access to medical care
G. Ease of making appointments
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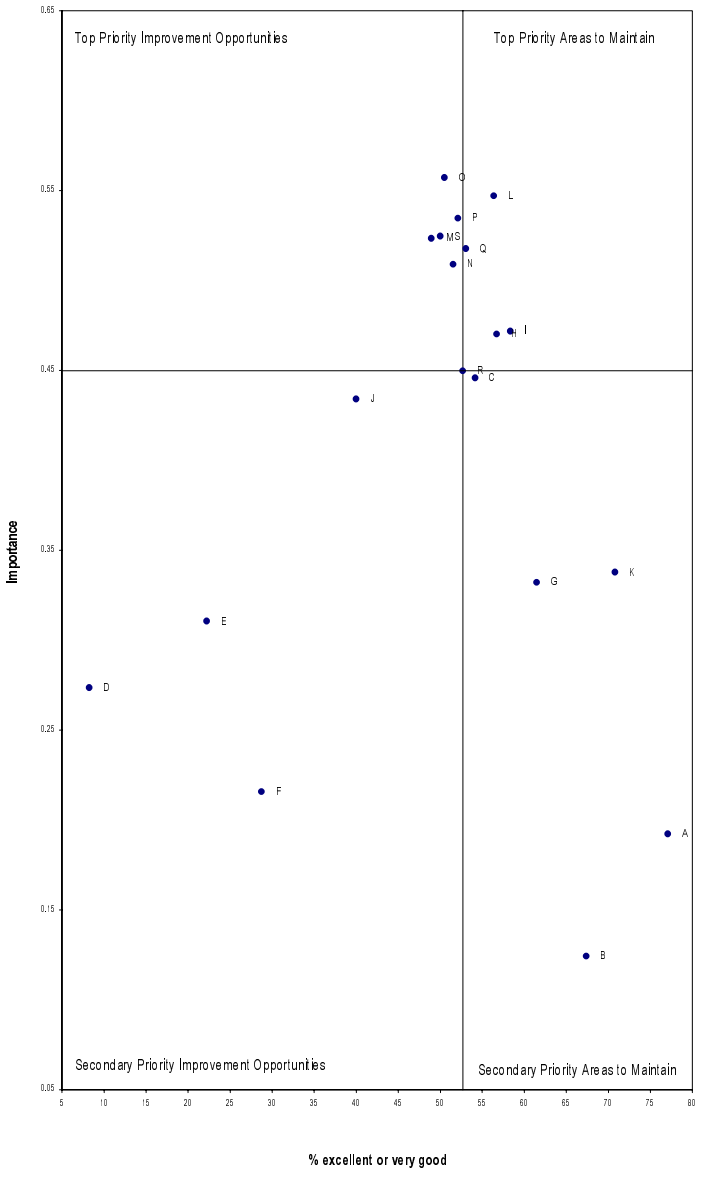
M. Ability to diagnose health care problems
N. Skill of health care providers
O. Thoroughness of treatment
P. Outcomes of your health care
Q. Quality
R. Provider's explanation of procedures
S. Provider's explanation of tests

7.8 Performance Improvement Plan, Lajes Field

Bold items in the key to the right of this PIP identify aspects of military health care at Lajes Field that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



A. Convenience of location
B. Convenience of hours
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E. Access to hospital
F. Access to medical care
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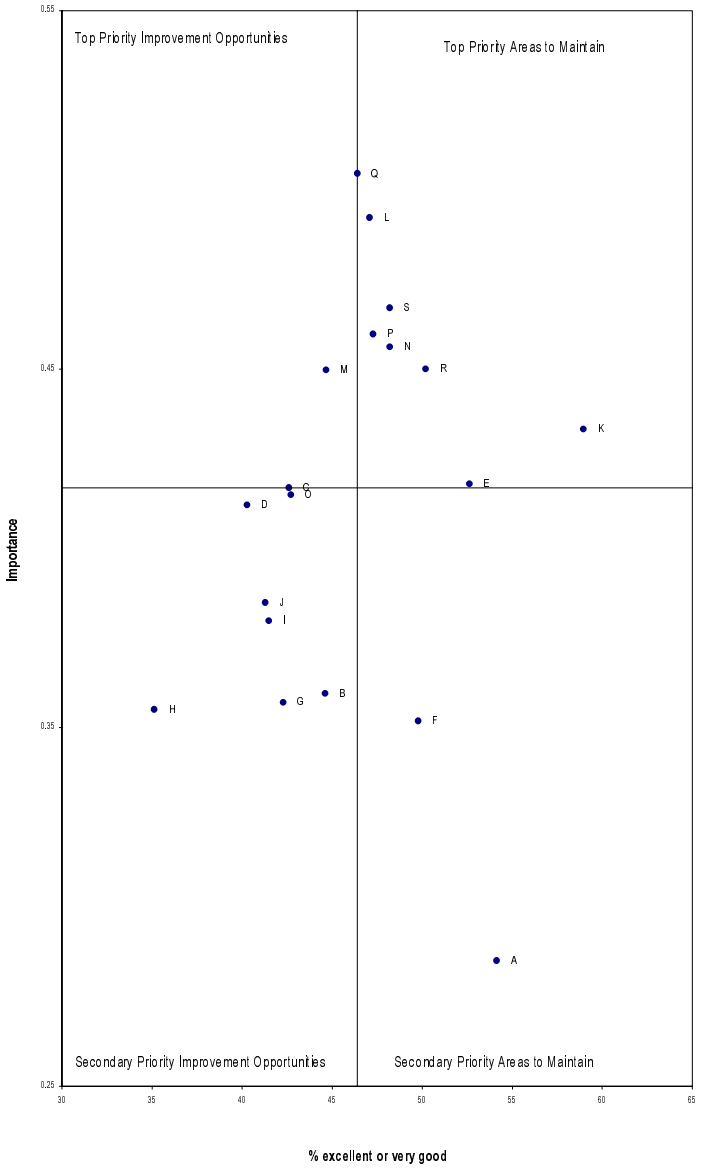
M. Ability to diagnose health care problems
N. Skill of health care providers
O. Thoroughness of treatment
P. Outcomes of your health care
Q. Quality
R. Provider's explanation of procedures
S. Provider's explanation of tests

7.9 Performance Improvement Plan, RAF Lakenheath

Bold items in the key to the right of this PIP identify aspects of military health care at RAF Lakenheath that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



A. Convenience of location
B. Convenience of hours
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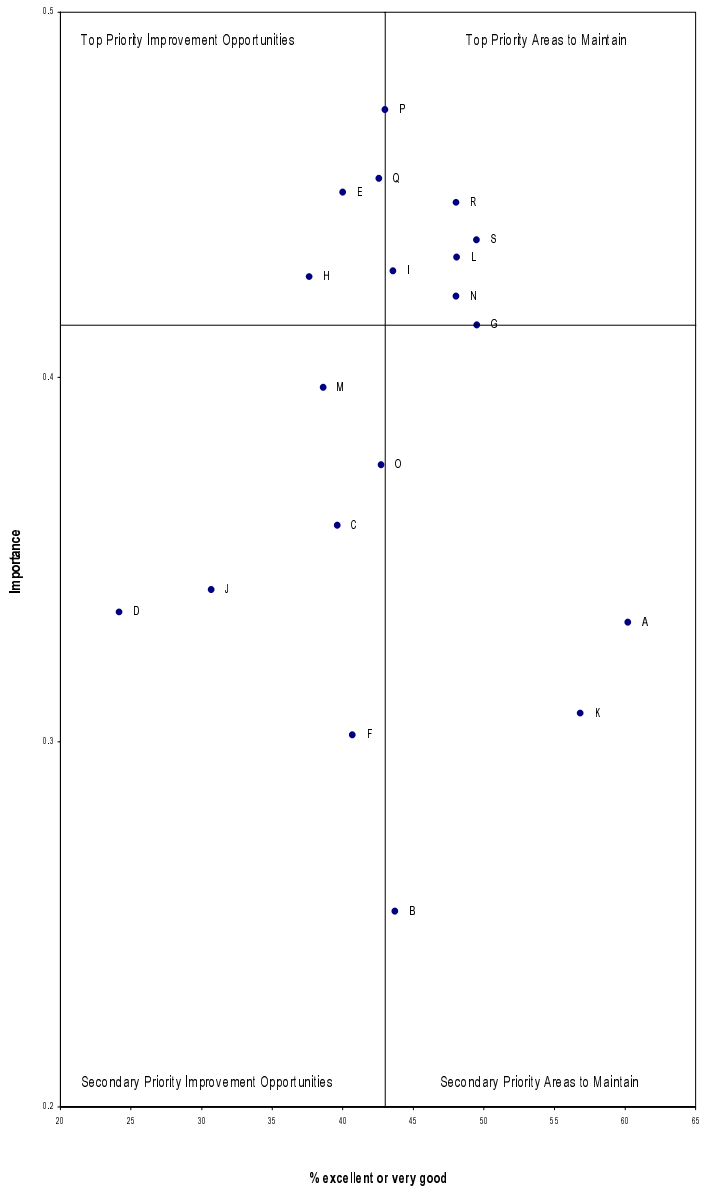
N. Skill of health care providers
O. Thoroughness of treatment
P. Outcomes of your health care
Q. Quality
R. Provider's explanation of procedures
S. Provider's explanation of tests

7.10 Performance Improvement Plan, Incirlik Air Base

Bold items in the key to the right of this PIP identify aspects of military health care at Incirlik Air Base that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



A. Convenience of location
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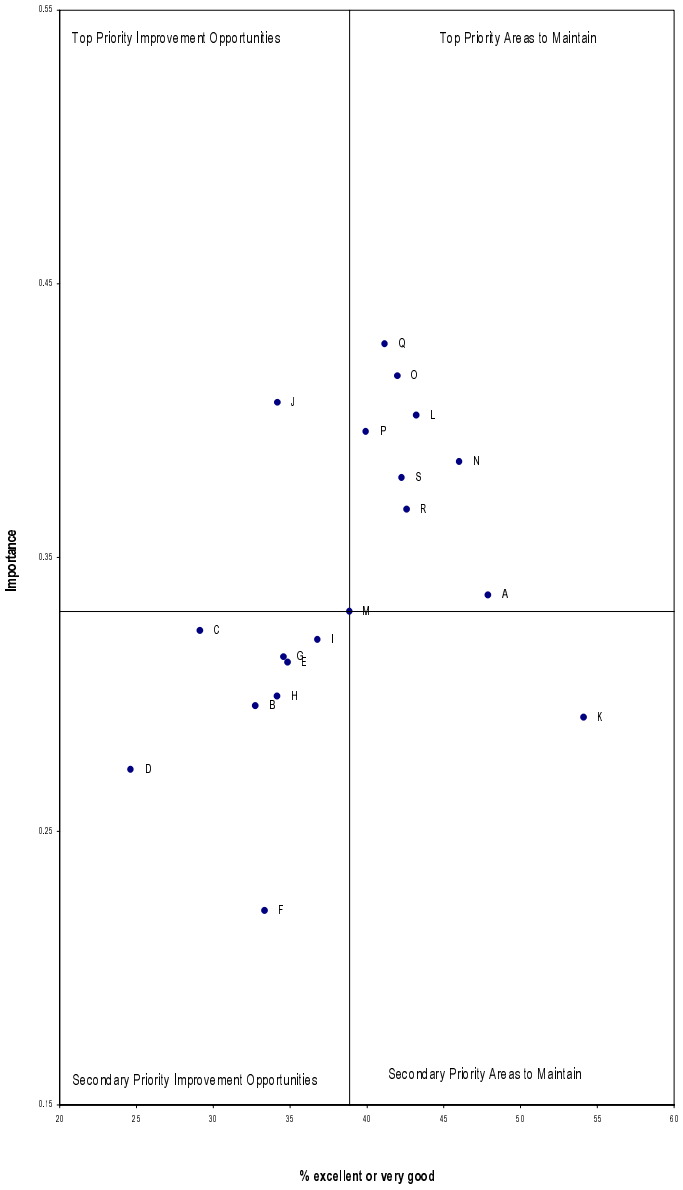
N. Skill of health care providers
O. Thoroughness of treatment
P. Outcomes of your health care
Q. Quality
R. Provider's explanation of procedures
S. Provider's explanation of tests

7.11 Performance Improvement Plan, Spangdahlem Air Base

Bold items in the key to the right of this PIP identify aspects of military health care at Spangdahlem Air Base that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



A. Convenience of location
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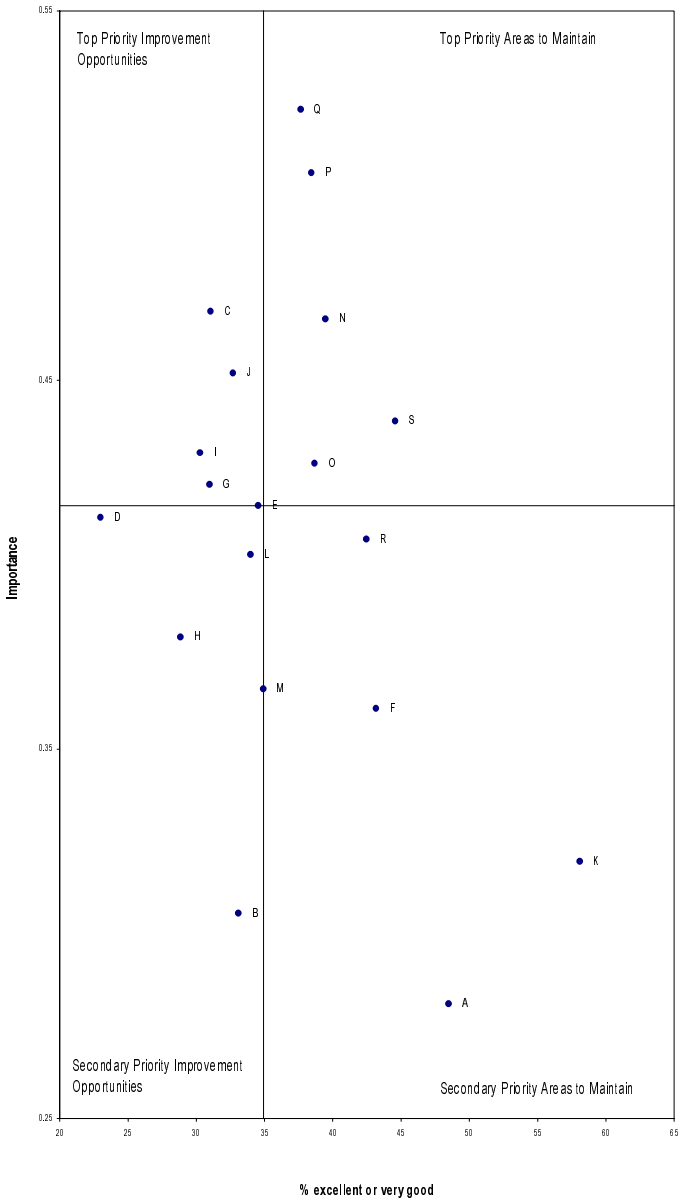
N. Skill of health care providers
O. Thoroughness of treatment
P. Outcomes of your health care
Q. Quality
R. Provider's explanation of procedures
S. Provider's explanation of tests

7.12 Performance Improvement Plan, Ramstein AFB

Bold items in the key to the right of this PIP identify aspects of military health care at Ramstein AFB that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



A. Convenience of location
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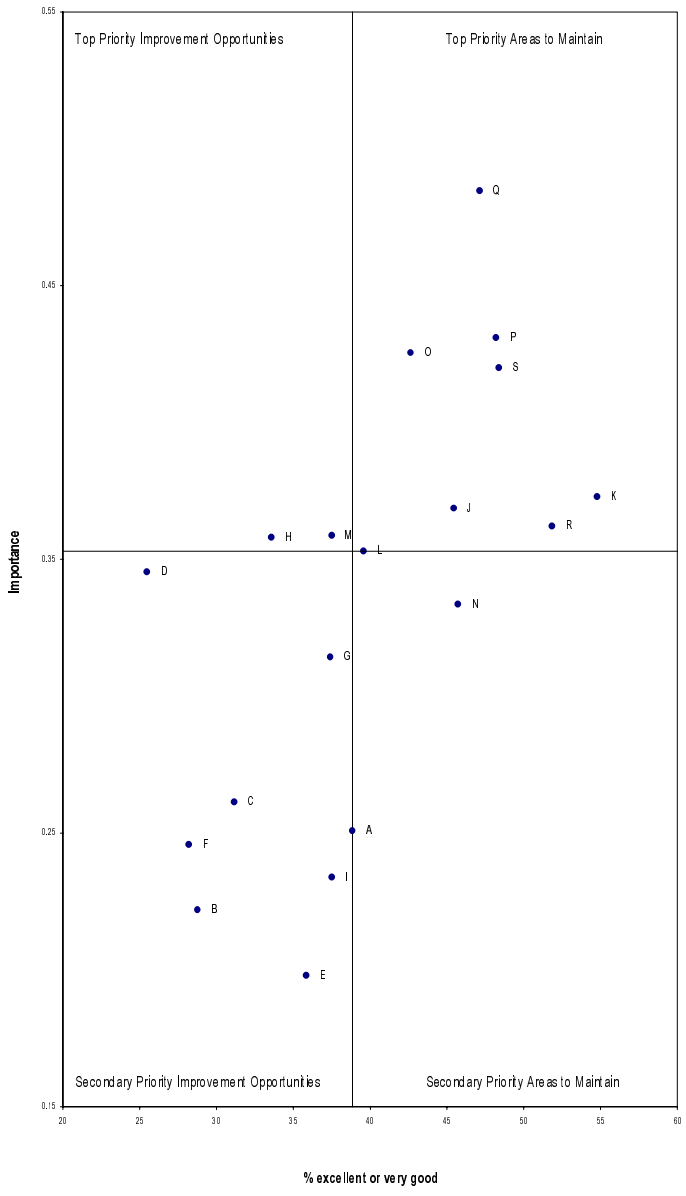
N. Skill of health care providers
O. Thoroughness of treatment
P. Outcomes of your health care
Q. Quality
R. Provider's explanation of procedures
S. Provider's explanation of tests

7.13 Performance Improvement Plan, Aviano AFB

Bold items in the key to the right of this PIP identify aspects of military health care at Aviano AFB that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



A. Convenience of location
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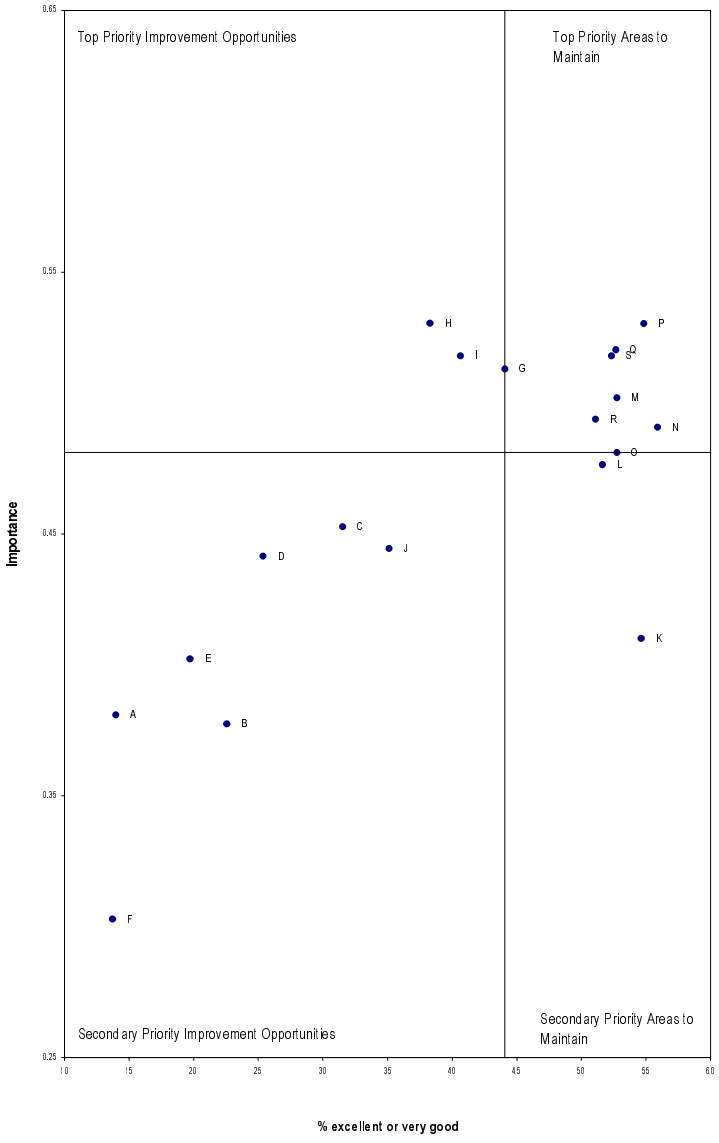
N. Skill of health care providers
O. Thoroughness of treatment
P. Outcomes of your health care
Q. Quality
R. Provider's explanation of procedures
S. Provider's explanation of tests

7.14 Performance Improvement Plan, RAF Upwood

Bold items in the key to the right of this PIP identify aspects of military health care at RAF Upwood that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



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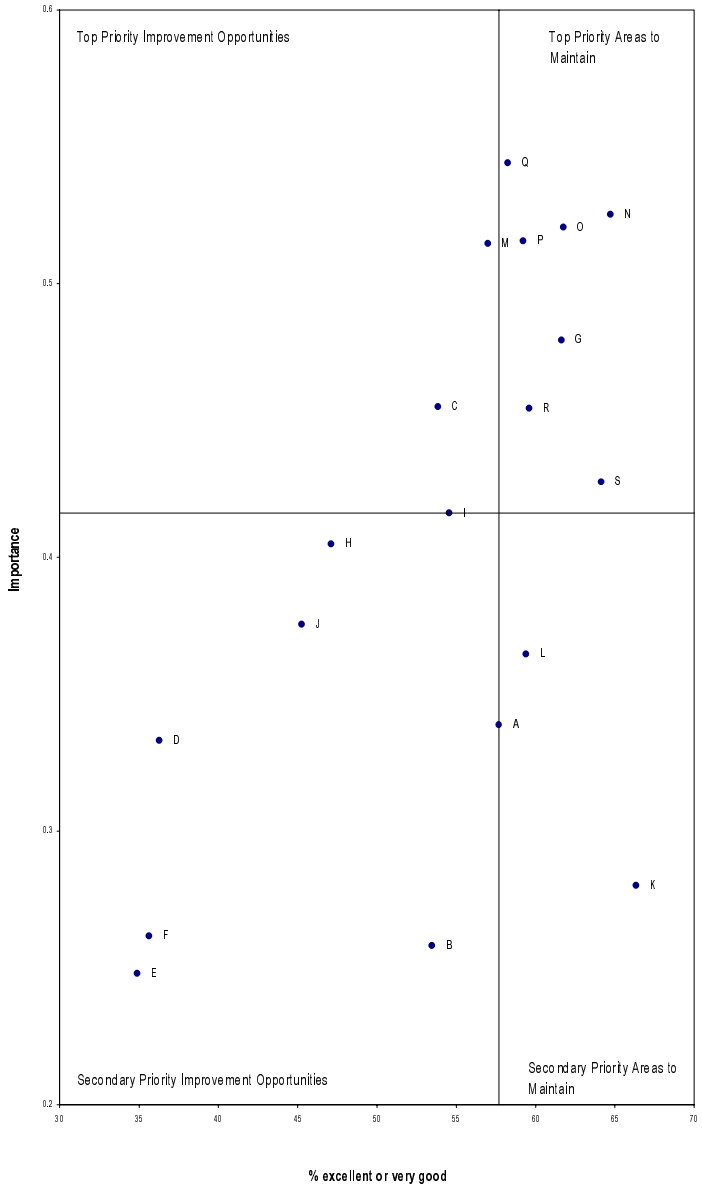
N. Skill of health care providers
O. Thoroughness of treatment
P. Outcomes of your health care
Q. Quality
R. Provider's explanation of procedures
S. Provider's explanation of tests

7.15 Performance Improvement Plan, NMCL London

Bold items in the key to the right of this PIP identify aspects of military health care at NMCL London that need remedial attention. This means that these aspects of care are important to overall beneficiary satisfaction but received relatively low satisfaction scores. The items fall into two categories: (1) access to system resources and appointments [items A – K] and (2) quality of care [items L – S].



A. Convenience of location
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